Bulletin de veille

« Focus sur 12 pathologies graves »

Novembre 2009

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Le Service Documentation de l'EHESP édite **mensuellement** un bulletin de veille. Celui-ci signale les **articles récents**, parus dans des revues scientifiques de renommée internationale, autour de **12 pathologies graves,** ainsi que sur la **pandémie grippale**. Ce bulletin signale également des **rapports officiels et institutionnels** disponibles en texte intégral.

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Bulletin de veille – Novembre 2009
« Focus sur 12 pathologies graves »

Ce bulletin de veille est une **publication mensuelle** qui recueille les publications scientifiques autour des **pathologies** suivantes :

- Bronchite chronique obstructive
- Cancer du poumon
- Dengue
- Dépression
- Diabète
- Grippe A
- Maladie d'Alzheimer
- Maladies cardio-vasculaires
- Maladies liées à l'alcool
- Paludisme
- Pathologies liées à l'obésité
- SIDA
- Tuberculose

La recherche documentaire est effectuée dans la **base de données Medline** et porte sur les **12 titres de revues** suivants :

- American journal of epidemiology
- American journal of public health
- BMC public health
- BMJ (Clinical research ed.) - British medical journal
- International journal of epidemiology
- JAMA : the journal of the American Medical Association
- Lancet
- Nature
- Risk analysis : an official publication of the Society for Risk Analysis
- Science
- Social science & medicine
- The New England journal of medicine

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Articles scientifiques

Bronchite chronique obstructive

sommaire

(1) GUERRA S, SHERRILL DL, VENKER C, CECCATO CM, *et al.* **Chronic bronchitis before age 50 years predicts incident airflow limitation and mortality risk**. Thorax. 2009 Oct., vol. 64, n° 10, pp.894-900
http://dx.doi.org/thx.200810.1136/thx.2008.110619

BACKGROUND: Previous studies on the relationship of chronic bronchitis to incident airflow limitation and all-cause mortality have provided conflicting results, with positive findings reported mainly by studies that included populations of young adults. This study sought to determine whether having chronic cough and sputum production in the absence of airflow limitation is associated with onset of airflow limitation, all-cause mortality and serum levels of C-reactive protein (CRP) and interleukin-8 (IL-8), and whether subjects' age influences these relationships. METHODS: 1412 participants in the long-term Tucson Epidemiological Study of Airway Obstructive Disease who at enrolment (1972-1973) were 21-80 years old and had FEV(1)/FVC (forced expiratory volume in 1 s/forced vital capacity) > or = 70% and no asthma were identified. Chronic bronchitis was defined as cough and phlegm production on most days for > or = 3 months in two or more consecutive years. Incidence of airflow limitation was defined as the first follow-up survey with FEV(1)/FVC <70%. Serum IL-8 and CRP levels were measured in cryopreserved samples from the enrolment survey. RESULTS: After adjusting for covariates, chronic bronchitis at enrolment significantly increased the risk for incident airflow limitation and all-cause mortality among subjects <50 years old (HR 2.2, 95% CI 1.3 to 3.8; and HR 2.2, 95% CI 1.3 to 3.8; respectively), but not among subjects > or = 50 years old (HR 0.9, 95% CI 0.6 to 1.4; and HR 1.0, 95% CI 0.7 to 1.3). Chronic bronchitis was associated with increased IL-8 and CRP serum levels only among subjects <50 years old. CONCLUSIONS: Among adults <50 years old, chronic bronchitis unaccompanied by airflow limitation may represent an early marker of susceptibility to the effects of cigarette smoking on systemic inflammation and long-term risk for chronic obstructive pulmonary disease and all-cause mortality

(2) JONES P, HARDING G, WIKLUND I, BERRY P, *et al.* **Improving the process and outcome of care in COPD: development of a standardised assessment tool**. Prim Care Respir J. 2009 Sept., vol. 18, n° 3, pp.208-215
http://dx.doi.org/pcrj-2009-10.4104/pcrj.2009.00053

INTRODUCTION: A major goal of COPD treatment is to reduce symptom burden and ensure that the patient's health is as good as possible. This goal requires regular systematic assessment of the patient's COPD with clear and efficient communication between the patient and clinician. AIM: To explore patient and physician descriptions of COPD attributes, in order to inform content development of a patient-reported clinical assessment tool. METHODS: Qualitative research methods (one-to-one interviews and patient focus groups) were used to elicit key characteristics to evaluate COPD health status and explore how patients with COPD experience their condition. ATLAS.ti version 5.0 was used to identify major themes and generate an item pool. RESULTS: Fifty-eight patients with COPD (GOLD stages 1-4; MRC grades 2-5) and 10 clinicians participated in this research. Twenty-one items were generated, capturing patient assessment of breathlessness, wheeze, cough, sleep, activity limitation, energy/fatigue, social function, and anxiety. CONCLUSIONS: This qualitative study identified a broad range of items that are potentially suitable for inclusion in a short, simple COPD assessment tool for use in routine clinical practice

Cancer du poumon

sommaire

(3) GANTI AK. **Another nail in the coffin for hormone-replacement therapy?** Lancet. 2009 Oct. 10, vol. 374, n° 9697, pp.1217-1218
http://dx.doi.org/10.1016/S0140-6736(09)61571-3 **(Accès réservé EHESP)**

(4) HOSSEINI M, NAGHAN PA, KARIMI S, SEYEDALINAGHI S, *et al.* **Environmental risk factors for lung cancer in Iran: a case-control study**. Int J Epidemiol. 2009 Aug., vol. 38, n° 4, pp.989-996
http://dx.doi.org10.1093/ije/dyp218 **(Accès réservé EHESP)**

BACKGROUND: Lung cancer remains the leading cause of cancer death in the world. In Iran, lung cancer is one of the five leading tumours and its incidence has been increasing steadily in both men and women. There is a paucity of data from Iran on risk factors for lung cancer. We evaluated environmental risk factors for lung cancer in a case-control study in five hospitals of Tehran. METHODS: Between October 2002 and October 2005, 242 (178 male, 64 female) patients with histologically confirmed lung cancer and two controls for each patient (242 hospital controls and 242 visiting healthy controls) matched for age, sex and place of residence were interviewed using a structured questionnaire on potential risk factors for lung cancer, including environmental and occupational exposures. Associations between risk factors and lung cancer were assessed using conditional logistic regression. RESULTS: Smokers were 66.5% of all cases (85.4% of men and 14.1% of women) and smoking was the strongest correlate of lung cancer in multivariate analysis [odds ratio (OR) 5.4, 95% confidence interval (CI) 3.2-8.9]. Occupational exposures to inorganic dusts (OR 4.2, 95% CI 2.8-6.7), chemical compounds (OR = 3.4, 95% CI 2.1-5.6) and heavy metals (OR 3.0, 95% CI 1.3-7.0) were also independent risk factors for lung cancer. CONCLUSIONS: In our study, smoking was the principal risk factor for lung cancer. However, preventable exposures in the environment, including occupational settings, should not be ignored

(5) SHARIEFF W. **Lung-cancer staging with PET-CT**. N Engl J Med. 2009 Oct. 15, vol. 361, n° 16, p.1607
http://www.ncbi.nlm.nih.gov/pubmed/19842248 **(Accès réservé EHESP)**

(6) KLOECKER G, CIVELEK C, JANJUA M. **Lung-cancer staging with PET-CT**. N Engl J Med. 2009 Oct. 15, vol. 361, n° 16, p.1607
http://www.ncbi.nlm.nih.gov/pubmed/19842247 **(Accès réservé EHESP)**

(7) HUNG JJ, JENG WJ, LIU JS. **Lung-cancer staging with PET-CT**. N Engl J Med. 2009 Oct. 15, vol. 361, n° 16, pp.1606-1607
http://www.ncbi.nlm.nih.gov/pubmed/19842246 **(Accès réservé EHESP)**

(8) BOLUKBAS S, BAIERLEIN SA, SCHIRREN J. **Lung-cancer staging with PET-CT**. N Engl J Med. 2009 Oct. 15, vol. 361, n° 16, p.1606
http://www.ncbi.nlm.nih.gov/pubmed/19842245 **(Accès réservé EHESP)**

(9) BRUZZI JF. **Lung-cancer staging with PET-CT**. N Engl J Med. 2009 Oct. 15, vol. 361, n° 16, p.1606
http://dx.doi.org/10.1056/NEJMc091578 **(Accès réservé EHESP)**

(10) CIULEANU T, BRODOWICZ T, ZIELINSKI C, KIM JH, *et al.* **Maintenance pemetrexed plus best supportive care versus placebo plus best supportive care for non-small-cell lung cancer: a randomised, double-blind, phase 3 study**. Lancet. 2009 Oct. 24, vol. 374, n° 9699, pp.1432-1440
http://dx.doi.org/10.1016/S0140-6736(09)61497-5 **(Accès réservé EHESP)**

BACKGROUND: Several studies have shown the efficacy, tolerability, and ease of administration

of pemetrexed-an antifolate antineoplastic agent-in patients with advanced non-small-cell lung cancer. We assessed pemetrexed as maintenance therapy in patients with this disease. METHODS: This randomised double-blind study was undertaken in 83 centres in 20 countries. 663 patients with stage IIIB or IV disease who had not progressed on four cycles of platinum-based chemotherapy were randomly assigned (2:1 ratio) to receive pemetrexed (500 mg/m(2), day 1) plus best supportive care (n=441) or placebo plus best supportive care (n=222) in 21-day cycles until disease progression. Treatment was randomised with the Simon and Pocock minimisation method. Patients and investigators were masked to treatment. All patients received vitamin B(12), folic acid, and dexamethasone. The primary endpoint of progression-free survival and the secondary endpoint of overall survival were analysed by intention to treat. This study is registered with ClinicalTrials.gov, number NCT00102804. FINDINGS: All randomly assigned participants were analysed. Pemetrexed significantly improved progression-free survival (4.3 months [95% CI 4.1-4.7] vs 2.6 months [1.7-2.8]; hazard ratio [HR] 0.50, 95% CI 0.42-0.61, p<0.0001) and overall survival (13.4 months [11.9-15.9] vs 10.6 months [8.7-12.0]; HR 0.79, 0.65-0.95, p=0.012) compared with placebo. Treatment discontinuations due to drug-related toxic effects were higher in the pemetrexed group than in the placebo group (21 [5%] vs three [1%]). Drug-related grade three or higher toxic effects were higher with pemetrexed than with placebo (70 [16%] vs nine [4%]; p<0.0001), specifically fatigue (22 [5%] vs one [1%], p=0.001) and neutropenia (13 [3%] vs 0, p=0.006). No pemetrexed-related deaths occurred. Relatively fewer patients in the pemetrexed group than in the placebo group received systemic post-discontinuation therapy (227 [51%] vs 149 [67%]; p=0.0001). INTERPRETATION: Maintenance therapy with pemetrexed is well tolerated and offers improved progression-free and overall survival compared with placebo in patients with advanced non-small-cell lung cancer. FUNDING: Eli Lilly

(11) STINCHCOMBE TE, WEST HL. **Maintenance therapy in non-small-cell lung cancer**. Lancet. 2009 Oct. 24, vol. 374, n° 9699, pp.1398-1400
http://dx.doi.org/10.1016/S0140-6736(09)61598-1 **(Accès réservé EHESP)**

(12) BRENNAN P, MCKAY J, MOORE L, ZARIDZE D, *et al.* **Obesity and cancer: Mendelian randomization approach utilizing the FTO genotype**. Int J Epidemiol. 2009 Aug., vol. 38, n° 4, pp.971-975
http://dx.doi.org10.1093/ije/dyp162 **(Accès réservé EHESP)**

BACKGROUND: Obesity is a risk factor for several cancers although appears to have an inverse association with cancers strongly related to tobacco. Studying obesity is difficult due to numerous biases and confounding. METHODS: To avoid these biases we used a Mendelian randomization approach incorporating an analysis of variants in the FTO gene that are strongly associated with BMI levels among 7000 subjects from a study of lung, kidney and upper-aerodigestive cancer. RESULTS: The FTO A allele which is linked with increased BMI was associated with a decreased risk of lung cancer (allelic odds ratio (OR) = 0.92, 95% confidence interval (CI) 0.84-1.00). It was also associated with a weak increased risk of kidney cancer, which was more apparent before the age of 50 (OR = 1.44, CI 1.09-1.90). CONCLUSION: Our results highlight the potential for genetic variation to act as an unconfounded marker of environmentally modifiable factors, and offer the potential to obtain estimates of the causal effect of obesity. However, far larger sample sizes than studied here will be required to undertake this with precision

(13) CHLEBOWSKI RT, SCHWARTZ AG, WAKELEE H, ANDERSON GL, *et al.* **Oestrogen plus progestin and lung cancer in postmenopausal women (Women's Health Initiative trial): a post-hoc analysis of a randomised controlled trial**. Lancet. 2009 Oct. 10, vol. 374, n° 9697, pp.1243-1251
http://dx.doi.org/10.1016/S0140-6736(09)61526-9 **(Accès réservé EHESP)**

BACKGROUND: In the post-intervention period of the Women's Health Initiative (WHI) trial, women assigned to treatment with oestrogen plus progestin had a higher risk of cancer than did those assigned to placebo. Results also suggested that the combined hormone therapy might increase mortality from lung cancer. To assess whether such an association exists, we undertook

a post-hoc analysis of lung cancers diagnosed in the trial over the entire follow-up period. METHODS: The WHI study was a randomised, double-blind, placebo-controlled trial undertaken in 40 centres in the USA. 16 608 postmenopausal women aged 50-79 years with an intact uterus were randomly assigned by a computerised, stratified, permuted block algorithm to receive a once-daily tablet of 0.625 mg conjugated equine oestrogen plus 2.5 mg medroxyprogesterone acetate (n=8506) or matching placebo (n=8102). We assessed incidence and mortality rates for all lung cancer, small-cell lung cancer, and non-small-cell lung cancer by use of data from treatment and post-intervention follow-up periods. Analysis was by intention to treat. This study is registered with ClinicalTrials.gov, number NCT00000611. FINDINGS: After a mean of 5.6 years (SD 1.3) of treatment and 2.4 years (0.4) of additional follow-up, 109 women in the combined hormone therapy group had been diagnosed with lung cancer compared with 85 in the placebo group (incidence per year 0.16%vs 0.13%; hazard ratio [HR] 1.23, 95% CI 0.92-1.63, p=0.16). 96 women assigned to combined therapy had non-small-cell lung cancer compared with 72 assigned to placebo (0.14%vs 0.11%; HR 1.28, 0.94-1.73, p=0.12). More women died from lung cancer in the combined hormone therapy group than in the placebo group (73 vs 40 deaths; 0.11%vs 0.06%; HR 1.71, 1.16-2.52, p=0.01), mainly as a result of a higher number of deaths from non-small-cell lung cancer in the combined therapy group (62 vs 31 deaths; 0.09%vs 0.05%; HR 1.87, 1.22-2.88, p=0.004). Incidence and mortality rates of small-cell lung cancer were similar between groups. INTERPRETATION: Although treatment with oestrogen plus progestin in postmenopausal women did not increase incidence of lung cancer, it increased the number of deaths from lung cancer, in particular deaths from non-small-cell lung cancer. These findings should be incorporated into risk-benefit discussions with women considering combined hormone therapy, especially those with a high risk of lung cancer. FUNDING: National Heart, Lung and Blood Institute, National Institutes of Health

(14) O'DOWD A. **Teenager who died after having HPV vaccine had a malignant chest tumour**. BMJ. 2009, vol. 339, p.b4032
http://www.ncbi.nlm.nih.gov/pubmed/19797350 **(Accès réservé EHESP)**

(15) DAWSON MR, DUDA DG, FUKUMURA D, JAIN RK. **VEGFR1-activity-independent metastasis formation**. Nature. 2009 Sept. 17, vol. 461, n° 7262, p.E4
http://dx.doi.org/10.1038/nature08254 **(Accès payant)**

Molecules such as vascular endothelial growth factor (VEGF) or placental growth factor-critical regulators of tumour angiogenesis-are also thought to mobilize into blood circulation bone marrow-derived cells (BMDCs), which may subsequently be recruited to tumours and facilitate tumour growth and metastasis. A study has suggested that BMDCs form 'metastatic niches' in lungs before arrival of cancer cells, and showed that pharmacological inhibition of VEGF receptor 1 (VEGFR1, also known as Flt1)-cognate receptor for VEGF and placental growth factor-prevented BMDC infiltration in lungs and 'metastatic niche' formation. Here we report that blockade of VEGFR1 activity does not affect the rate of spontaneous metastasis formation in a clinically relevant and widely used preclinical model. Therefore, alternative pathways probably mediate the priming of tissues for metastasis

Diabète

sommaire

(16) RUTKOVE SB. **A 52-year-old woman with disabling peripheral neuropathy: review of diabetic polyneuropathy**. JAMA. 2009 Oct. 7, vol. 302, n° 13, pp.1451-1458
http://dx.doi.org/2010.1001/jama.2009.1377 **(Accès réservé EHESP)**

Ms Q is a 52-year-old woman who has had progressive polyneuropathy in the setting of diabetes for the past 8 years. Ms Q's major disability is that of increasingly severe neuropathic pain and cramps that have been poorly responsive to a variety of therapies, including gabapentin and topiramate. The diagnosis of and differential diagnosis for diabetic polyneuropathy are reviewed herein. In general, treatment options for diabetic polyneuropathy remain primarily symptomatic.

Improving the metabolic profile through weight loss, exercise, and if necessary, medications may help slow neuropathy progression. Many medications are effective in reducing pain, and newly developed ones, such as pregabalin and duloxetine, while specifically marketed for diabetic neuropathy, are likely to be no better and are considerably more expensive than older ones. Alpha-lipoic acid appears to be effective as well

(17) PECHLANER C. **Adverse events in diabetes drug trial**. Lancet. 2009 Oct. 3, vol. 374, n° 9696, pp.1144-1145
http://dx.doi.org/10.1016/S0140-6736(09)61736-0 **(Accès réservé EHESP)**

(18) GOLLUST SE, LANTZ PM. **Communicating population health: print news media coverage of type 2 diabetes**. Soc Sci Med. 2009 Oct., vol. 69, n° 7, pp.1091-1098
http://dx.doi.org/10.1016/j.socscimed.2009.07.009 **(Accès réservé EHESP)**

The public learns much about health and health policy from the news media. The news media can shape the public's opinions about issues by emphasizing certain features in their coverage, such as the causes of a problem, who is responsible for addressing it, and what groups are affected. This study examines media framing of the problem of type 2 diabetes, focusing on the extent to which the news media discuss diabetes using features that characterize a population health orientation (mentioning social determinants, upstream interventions, or disparities). We collected data from 698 print news articles appearing in 19 U.S. newspapers between 2005 and 2006. Results demonstrate that the predominant explanation for type 2 diabetes was behavioral factors and obesity. The predominant strategy to address diabetes was individualized behavior changes and medical care. A minority of articles described the social determinants of diabetes, upstream policy solutions, and disparities in diabetes; such articles appeared in a select subset of news outlets. These findings suggest the potential for great variability in public awareness of disparities in diabetes or its social determinants, with implications for the public's likelihood of supporting policies that may improve population health

(19) TUCHMAN A. **Diabetes and the public's health**. Lancet. 2009 Oct. 3, vol. 374, n° 9696, pp.1140-1141
http://www.ncbi.nlm.nih.gov/pubmed/19810203 **(Accès réservé EHESP)**

(20) RAJPATHAK S, WYLIE-ROSETT J, ALDERMAN M. **Diabetes in Asian immigrant populations**. JAMA. 2009 Oct. 21, vol. 302, n° 15, pp.1646-1647
http://dx.doi.org/10.1001/jama.2009.1440 **(Accès réservé EHESP)**

(21) SACKEY AH. **Images in clinical medicine. Injection-site lipoatrophy**. N Engl J Med. 2009 Nov. 5, vol. 361, n° 19, p.e41
http://dx.doi.org/36110.1056/NEJMicm0808275 **(Accès réservé EHESP)**

(22) GLYNN LG. **Multimorbidity: another key issue for cardiovascular medicine**. Lancet. 2009 Oct. 24, vol. 374, n° 9699, pp.1421-1422
http://dx.doi.org/10.1016/S0140-6736(09)61863-8 **(Accès réservé EHESP)**

(23) RODEN M. **Optimal insulin treatment in type 2 diabetes**. N Engl J Med. 2009 Oct. 29, vol. 361, n° 18, pp.1801-1803
http://dx.doi.org/NEJMe10.1056/NEJMe0908706 **(Accès réservé EHESP)**

(24) VETTER ML, VINNARD CL, WADDEN TA. **Perioperative safety and bariatric surgery**. N Engl J Med. 2009 Nov. 5, vol. 361, n° 19, p.1910
http://dx.doi.org/10.1056/NEJMc091728 **(Accès réservé EHESP)**

(25) DEVORE EE, KANG JH, OKEREKE O, GRODSTEIN F. **Physical activity levels and cognition in women with type 2 diabetes**. Am J Epidemiol. 2009 Oct. 15, vol. 170, n° 8, pp.1040-1047
http://dx.doi.org/10.1093/aje/kwp224 **(Accès réservé EHESP)**

Persons with type 2 diabetes have a high risk of late-life cognitive impairment, and physical activity might be a potential target for modifying this risk. Therefore, the authors evaluated the association between physical activity level and cognition in women with type 2 diabetes. Beginning in 1995-2000, cognitive function was assessed in 1,550 Nurses' Health Study participants aged > or =70 years with type 2 diabetes. Follow-up assessments were completed twice thereafter, at 2-year intervals. Multivariate-adjusted linear regression models were used to obtain mean differences in baseline cognitive scores and cognitive decline across tertiles of long-term physical activity. Initial results from age- and education-adjusted models indicated that greater physical activity levels were associated with better baseline cognition (for a global score averaging scores from 6 cognitive tests, P-trend = 0.02). However, results were substantially attenuated after adjustment for multiple potential confounders, largely because of physical disability indicators (global score: P-trend = 0.06); for example, the mean difference for the global score was 0.07 standard units (95% confidence interval: -0.01, 0.15) when comparing extreme tertiles. Results were similar for cognitive decline. These findings indicate little overall association between physical activity and cognition after adjustment for disability factors in older women with type 2 diabetes

(26) VEENSTRA G. **Racialized identity and health in Canada: results from a nationally representative survey**. Soc Sci Med. 2009 Aug., vol. 69, n° 4, pp.538-542
http://dx.doi.org/10.1016/j.socscimed.2009.06.009 **(Accès réservé EHESP)**

This article uses survey data to investigate health effects of racialization in Canada. The operative sample was comprised of 91,123 Canadians aged 25 and older who completed the 2003 Canadian Community Health Survey. A "racial and cultural background" survey question contributed a variable that differentiated respondents who identified with Aboriginal, Black, Chinese, Filipino, Latin American, South Asian, White, or jointly Aboriginal and White racial/cultural backgrounds. Indicators of diabetes, hypertension and self-rated health were used to assess health. The healthy immigrant effect suppressed some disparity in risk for diabetes by racial/cultural identification. In logistic regression models also containing gender, age, and immigrant status, no racial/cultural identifications corresponded with significantly better health outcomes than those reported by survey respondents identifying as White. Subsequent models indicated that residential locale did little to explain the associations between racial/cultural background and health and that socioeconomic status was only implicated in relatively poor health outcomes for respondents identifying as Aboriginal or Aboriginal/White. Sizable and statistically significant relative risks for poor health for respondents identifying as Aboriginal, Aboriginal/White, Black, Chinese, or South Asian remained unexplained by the models, suggesting that other explanations for health disparities by racialized identity in Canada - perhaps pertaining to experiences with institutional racism and/or the wear and tear of experiences of racism and discrimination in everyday life - also deserve empirical investigation in this context

(27) SHELTON NJ. **Regional risk factors for health inequalities in Scotland and England and the "Scottish effect"**. Soc Sci Med. 2009 Sept., vol. 69, n° 5, pp.761-767
http://dx.doi.org/10.1016/j.socscimed.2009.06.044 **(Accès réservé EHESP)**

This paper uses data from the Scottish Health Survey 2003 and the comparable Health Survey for England 2003 to look at whether Scotland's poor health image and mortality profile is reflected in regional inequalities in prevalence of four risk factors for cardiovascular disease: fruit and vegetable consumption, smoking, obesity and diabetes. It also looks at the "Scottish effect" - how much of any difference between and within Scotland and England remains once socio-demographic factors have been taken in to account. The paper then uses regional analyses to determine the extent to which areas within England and Scotland contribute to their national health advantage and disadvantage. All 2003 strategic health authorities in England and Scottish health boards were compared with Greater Glasgow health board as the reference category. The results showed that significant geographic variation in the risk factors remained once individual economic status was taken into account, but the relationship was complex and varied in strength and direction depending upon risk factor involved and gender of respondent. A small number of

areas had significantly lower odds of fruit and vegetable consumption of five portions or more a day in men, compared with Greater Glasgow. In contrast some areas had significantly higher odds of fruit and vegetable consumption for women compared with Greater Glasgow. There was greater geographic variation in the odds of smoking in women than in men. Respondents in the south west and southeast of England (areas which usually show health advantage) did not show significantly lower odds of smoking compared with Greater Glasgow once socio-economic variation, age and urban residence was taken into account. It was respondents from central England that had lower odds of smoking than might be expected. Obesity stood out as the single risk factor that had demonstrated a "Scottish effect" in women only

(28) DIXIT A, PANDEY P. **Rosiglitazone and pioglitazone. Beware fractures**. BMJ. 2009, vol. 339, p.b3957
http://www.ncbi.nlm.nih.gov/pubmed/19808816 **(Accès réservé EHESP)**

(29) GOLDMAN DP, ZHENG Y, GIROSI F, MICHAUD PC, *et al.* **The benefits of risk factor prevention in Americans aged 51 years and older**. Am J Public Health. 2009 Nov., vol. 99, n° 11, pp.2096-2101
http://dx.doi.org/10.2105/AJPH.2009.172627 **(Accès payant)**

OBJECTIVES: We assessed the potential health and economic benefits of reducing common risk factors in older Americans. METHODS: A dynamic simulation model tracked a national cohort of persons 51 and 52 years of age to project their health and medical spending in prevention scenarios for diabetes, hypertension, obesity, and smoking. RESULTS: The gain in life span from successful treatment of a person aged 51 or 52 years for obesity would be 0.85 years; for hypertension, 2.05 years; and for diabetes, 3.17 years. A 51- or 52-year-old person who quit smoking would gain 3.44 years. Despite living longer, those successfully treated for obesity, hypertension, or diabetes would have lower lifetime medical spending, exclusive of prevention costs. Smoking cessation would lead to increased lifetime spending. We used traditional valuations for a life-year to calculate that successful treatments would be worth, per capita, $198,018 (diabetes), $137,964 (hypertension), $118,946 (smoking), and $51,750 (obesity). CONCLUSIONS: Effective prevention could substantially improve the health of older Americans, and--despite increases in longevity--such benefits could be achieved with little or no additional lifetime medical spending

(30) HOLMAN RR, FARMER AJ, DAVIES MJ, LEVY JC, *et al.* **Three-year efficacy of complex insulin regimens in type 2 diabetes**. N Engl J Med. 2009 Oct. 29, vol. 361, n° 18, pp.1736-1747
http://dx.doi.org/10.1056/NEJMoa0905479 **(Accès réservé EHESP)**

BACKGROUND: Evidence supporting the addition of specific insulin regimens to oral therapy in patients with type 2 diabetes mellitus is limited. METHODS: In this 3-year open-label, multicenter trial, we evaluated 708 patients who had suboptimal glycated hemoglobin levels while taking metformin and sulfonylurea therapy. Patients were randomly assigned to receive biphasic insulin aspart twice daily, prandial insulin aspart three times daily, or basal insulin detemir once daily (twice if required). Sulfonylurea therapy was replaced by a second type of insulin if hyperglycemia became unacceptable during the first year of the study or subsequently if glycated hemoglobin levels were more than 6.5%. Outcome measures were glycated hemoglobin levels, the proportion of patients with a glycated hemoglobin level of 6.5% or less, the rate of hypoglycemia, and weight gain. RESULTS: Median glycated hemoglobin levels were similar for patients receiving biphasic (7.1%), prandial (6.8%), and basal (6.9%) insulin-based regimens (P=0.28). However, fewer patients had a level of 6.5% or less in the biphasic group (31.9%) than in the prandial group (44.7%, P=0.006) or in the basal group (43.2%, P=0.03), with 67.7%, 73.6%, and 81.6%, respectively, taking a second type of insulin (P=0.002). Median rates of hypoglycemia per patient per year were lowest in the basal group (1.7), higher in the biphasic group (3.0), and highest in the prandial group (5.7) (P<0.001 for the overall comparison). The mean weight gain was higher in the prandial group than in either the biphasic group or the basal group. Other adverse event rates were similar in the three groups. CONCLUSIONS: Patients who added a basal or prandial insulin-based regimen to oral therapy had better glycated hemoglobin control than patients who added a

biphasic insulin-based regimen. Fewer hypoglycemic episodes and less weight gain occurred in patients adding basal insulin. (Current Controlled Trials number, ISRCTN51125379.)

(31) PSATY BM, PRENTICE RL. **Variation in event rates in trials of patients with type 2 diabetes**. JAMA. 2009 Oct. 21, vol. 302, n° 15, pp.1698-1700
http://dx.doi.org/10.1001/jama.2009.1497 **(Accès réservé EHESP)**

Dépression

sommaire

(32) MOORE M, YUEN HM, DUNN N, MULLEE MA, *et al.* **Explaining the rise in antidepressant prescribing: a descriptive study using the general practice research database**. BMJ. 2009, vol. 339, p.b3999
http://www.ncbi.nlm.nih.gov/pubmed/19833707 **(Accès réservé EHESP)**

OBJECTIVE: To explore the reasons behind the recent increase in antidepressant prescribing in the United Kingdom. Design Detailed retrospective analysis of data on general practitioner consultations and antidepressant prescribing. Data source Data were obtained from the general practice research database, which contains linked anonymised records of over 3 million patients registered in the UK. Data were extracted for all new incident cases of depression between 1993 and 2005. Review methods Detailed analysis of general practitioner consultations and antidepressant prescribing was restricted to 170 practices that were contributing data for the full duration of the study. RESULTS: In total, 189 851 people within the general practice research database experienced their first episode of depression between 1993 and 2005, of whom 150,825 (79.4%) received a prescription for antidepressants in the first year of diagnosis. This proportion remained stable across all the years examined. The incidence of new cases of depression rose in young women but fell slightly in other groups such that overall incidence increased then declined slightly (men: 7.83 cases per 1000 patient years in 1993 to 5.97 in 2005, women: 15.83 cases per 1000 patient years in 1993 to 10.06 in 2005). Antidepressant prescribing nearly doubled during the study period-the average number of prescriptions issued per patient increased from 2.8 in 1993 to 5.6 in 2004. The majority of antidepressant prescriptions were given as long term treatment or as intermittent treatment to patients with multiple episodes of depression. CONCLUSIONS: The rise in antidepressant prescribing is mainly explained by small changes in the proportion of patients receiving long term treatment. Previous clinical guidelines have focused on antidepressant initiation and appropriate targeting of antidepressants. To address the costly rise in antidepressant prescribing, future research and guidance needs to concentrate on appropriate long term prescribing for depression and regular review of medication

(33) KOENEN KC, GALEA S. **Gene-environment interactions and depression**. JAMA. 2009 Nov. 4, vol. 302, n° 17, pp.1859-2
http://dx.doi.org/10.1001/jama.2009.1575 **(Accès réservé EHESP)**

(34) LOTRICH FE, LENZE E. **Gene-environment interactions and depression**. JAMA. 2009 Nov. 4, vol. 302, n° 17, pp.1859-1860
http://dx.doi.org/302/1710.1001/jama.2009.1576 **(Accès réservé EHESP)**

(35) SCHWAHN C, GRABE HJ. **Gene-environment interactions and depression**. JAMA. 2009 Nov. 4, vol. 302, n° 17, pp.1860-1861
http://dx.doi.org/302/1710.1001/jama.2009.1577 **(Accès réservé EHESP)**

(36) RIECKMANN N, RAPP MA, MULLER-NORDHORN J. **Gene-environment interactions and depression**. JAMA. 2009 Nov. 4, vol. 302, n° 17, pp.1861-1862
http://dx.doi.org/302/1710.1001/jama.2009.1578 **(Accès réservé EHESP)**

(37) TANNE JH. **GlaxoSmithKline told to pay family $2.5m after jury finds paroxetine caused son's heart defects**. BMJ. 2009, vol. 339, p.b4266
http://www.ncbi.nlm.nih.gov/pubmed/19833704 **(Accès réservé EHESP)**

(38) LIU Z, LI X, GE X. **Left too early: the effects of age at separation from parents on Chinese rural children's symptoms of anxiety and depression**. Am J Public Health. 2009 Nov., vol. 99, n° 11, pp.2049-2054
http://dx.doi.org/10.2105/AJPH.2008.150474 **(Accès payant)**

OBJECTIVES: We examined the effect of age at separation from parents on symptoms of anxiety and depression among children in rural communities in China whose parents migrated to cities in search of employment opportunities during the country's rapid economic development. METHODS: Students in 3 rural areas, Anhui, Chongqing, and Guizhou (N = 592; age = 10-17 years), completed questionnaires that asked about symptoms of state and trait anxiety, as well as depression and age at separation from parents. RESULTS: Children who were separated from parents at a younger age had more symptoms of anxiety and depression. This effect was especially pronounced for children who were separated from their mothers or from both parents. CONCLUSIONS: China's explosive economic growth appears to exact a significant toll on left-behind children's mental health, particularly on children whose parents left early in their lives. The unintended consequences of the economic boom on child development need to be further examined in prospective studies

(39) SABET F, RICHTER LM, RAMCHANDANI PG, STEIN A, *et al.* **Low birthweight and subsequent emotional and behavioural outcomes in 12-year-old children in Soweto, South Africa: findings from Birth to Twenty**. Int J Epidemiol. 2009 Aug., vol. 38, n° 4, pp.944-954
http://dx.doi.org10.1093/ije/dyp204 **(Accès réservé EHESP)**

BACKGROUND: The fetal origins hypothesis suggests that an adverse prenatal environment, indexed by low birthweight (LBW), may increase the risk of developing later disease. Recently the hypothesis has been extended to psychological outcomes, especially depression. The aim of this analysis was to test, for the first time in a developing country setting, the association between LBW and psychological symptoms, in Soweto, South Africa. METHODS: A sample of 1029 children was drawn from Birth to Twenty, a longitudinal cohort followed from pregnancy to young adulthood. This sample completed the Youth Self Report at age 12 years, a validated psychological measure of behavioural and emotional adjustment. Scores were compared between LBW (<2500 g) and normal birthweight children using multivariate analysis with adjustment for potential birth and life events confounding factors. RESULTS: No associations were found between LBW and total [adjusted odds ratio (OR) 1.09, 95% confidence interval (CI) 0.69-1.74], internalizing (adjusted OR 0.81, 95% CI 0.52-1.28) or externalizing profiles (adjusted OR 0.81, 95% CI 0.49-1.36). The only difference detected was for the internalizing sub-profile of Somatic Complaints (adjusted OR 2.02, 95% CI 1.21-3.38), which on subgroup analysis was greatest among females. CONCLUSIONS: We found no convincing evidence of an association between LBW and emotional and behavioural outcomes in 12-year olds in this sample in urban South Africa. To our knowledge, this is the first published assessment of this association in a developing world context

(40) MCPHERSON S, ARMSTRONG D. **Negotiating 'depression' in primary care: a qualitative study**. Soc Sci Med. 2009 Oct., vol. 69, n° 8, pp.1137-1143
http://dx.doi.org/10.1016/j.socscimed.2009.05.032 **(Accès réservé EHESP)**

Psychiatry has provided primary care physicians with tools for recognising and labelling mild, moderate or severe 'depression'. General practitioners (GPs) in the UK have been guided to manage depression within primary care and to prescribe anti-depressants as a first-line treatment. The present study aimed to examine how GPs would construct 'depression' when asked to talk about those anomalous patients for whom the medical frontline treatment did not appear to be effective. Twenty purposively selected GPs were asked in an interview to talk about their experience and management of patients with depression who did not respond to anti-depressants.

GPs initially struggled to identify a group, but then began to construct a category of person with a pre-medicalised status characterised by various deviant features such as unpleasant characters and personalities, manipulative tendencies, people with entrenched social problems unable to fit in with other people and relate to people normally. GPs also responded in non-medical ways including feeling unsympathetic, breaking confidentiality and prescribing social interventions. In effect, in the absence of an effective medical treatment, depression appeared to become demedicalised. The implications of this process are discussed in relation to patients' subsequent access or lack of access to services and the way in which these findings highlight the processes by which medicine frames disease

(41) MITKA M. **New focus on long-term mental health of patients who survive serious illness**. JAMA. 2009 Oct. 7, vol. 302, n° 13, pp.1408-1409
http://dx.doi.org/10.1001/jama.2009.1342 **(Accès réservé EHESP)**

(42) ATLANTIS E, GOLDNEY RD, WITTERT GA. **Obesity and depression or anxiety**. BMJ. 2009, vol. 339, p.b3868
http://www.ncbi.nlm.nih.gov/pubmed/19808767 **(Accès réservé EHESP)**

(43) CARNEY RM, FREEDLAND KE, RUBIN EH, RICH MW, *et al.* **Omega-3 augmentation of sertraline in treatment of depression in patients with coronary heart disease: a randomized controlled trial**. JAMA. 2009 Oct. 21, vol. 302, n° 15, pp.1651-1657
http://dx.doi.org/10.1001/jama.2009.1487 **(Accès réservé EHESP)**

CONTEXT: Studies of depressed psychiatric patients have shown that antidepressant efficacy can be increased by augmentation with omega-3 fatty acids. OBJECTIVE: To determine whether omega-3 improves the response to sertraline in patients with major depression and coronary heart disease (CHD). DESIGN, SETTING, AND PARTICIPANTS: Randomized controlled trial. Between May 2005 and December 2008, 122 patients in St Louis, Missouri, with major depression and CHD were randomized. INTERVENTIONS: After a 2-week run-in period, all patients were given 50 mg/d of sertraline and randomized in double-blind fashion to receive 2 g/d of omega-3 acid ethyl esters (930 mg of eicosapentaenoic acid [EPA] and 750 mg of docosahexaenoic acid [DHA]) (n=62) or to corn oil placebo capsules (n=60) for 10 weeks. MAIN OUTCOME MEASURES: Scores on the Beck Depression Inventory (BDI-II) and the Hamilton Rating Scale for Depression (HAM-D). RESULTS: Adherence to the medication regimen was 97% or more in both groups for both medications. There were no differences in weekly BDI-II scores (treatment x time interaction = 0.02; 95% confidence interval [CI], -0.33 to 0.36; t(112) = 0.11; P = .91), pre-post BDI-II scores (placebo, 14.8 vs omega-3, 16.1; 95% difference-in-means CI, -4.5 to 2.0; t(116) = -0.77; P = .44), or HAM-D scores (placebo, 9.4 vs omega-3, 9.3; 95% difference-in-means CI, -2.2 to 2.4; t(115) = 0.12; P = .90). The groups did not differ on predefined indicators of depression remission (BDI-II < or = 8: placebo, 27.4% vs omega-3, 28.3%; odds ratio [OR], 0.96; 95% CI, 0.43-2.15; t(113) = -0.11; P = .91) or response (> 50% reduction in BDI-II from baseline: placebo, 49.0% vs omega-3, 47.7%; OR, 1.06; 95% CI, 0.51-2.19; t(112) = 0.15; P = .88). CONCLUSIONS: Treatment of patients with CHD and major depression with sertraline and omega-3 fatty acids did not result in superior depression outcomes at 10 weeks, compared with sertraline and placebo. Whether higher doses of omega-3 or sertraline, a different ratio of EPA to DHA, longer treatment, or omega-3 monotherapy can improve depression in patients with CHD remains to be determined. TRIAL REGISTRATION: clinicaltrials.gov Identifier: NCT00116857

(44) BURGARD SA, BRAND JE, HOUSE JS. **Perceived job insecurity and worker health in the United States**. Soc Sci Med. 2009 Sept., vol. 69, n° 5, pp.777-785
http://dx.doi.org/10.1016/j.socscimed.2009.06.029 **(Accès réservé EHESP)**

Economic recessions, the industrial shift from manufacturing toward service industries, and rising global competition have contributed to uncertainty about job security, with potential consequences for workers' health. To address limitations of prior research on the health consequences of perceived job insecurity, we use longitudinal data from two nationally-representative samples of the United States population, and examine episodic and persistent perceived job insecurity over

periods of about three years to almost a decade. Results show that persistent perceived job insecurity is a significant and substantively important predictor of poorer self-rated health in the American's Changing Lives (ACL) and Midlife in the United States (MIDUS) samples, and of depressive symptoms among ACL respondents. Job losses or unemployment episodes are associated with perceived job insecurity, but do not account for its association with health. Results are robust to controls for sociodemographic and job characteristics, negative reporting style, and earlier health and health behaviors

(45) ALMEIDA OP, NORMAN PE, ALLCOCK R, VAN BF, *et al.* **Polymorphisms of the CRP gene inhibit inflammatory response and increase susceptibility to depression: the Health in Men Study**. Int J Epidemiol. 2009 Aug., vol. 38, n° 4, pp.1049-1059
http://dx.doi.org10.1093/ije/dyp199 **(Accès réservé EHESP)**

BACKGROUND: Depression has been associated with chronic changes in the serum concentration of C-reactive protein (CRP) in observational studies, but it is unclear if this association is causal or is due to confounding and bias. Genetic studies are less subject to this type of error and offer an opportunity to investigate if CRP is causally linked to depression, particularly because known polymorphisms of the CRP gene have been associated with high- and low-basal serum concentrations of CRP [single nucleotide polymorphisms (SNPs) rs1130864 and rs1205, respectively]. The aim of this study is to determine if polymorphisms of SNPs rs1130864 and rs1205 are associated with prevalent depression. METHODS: We completed a cross-sectional study of a community sample of 3700 men aged > or = 70 years, and used the 15-item Geriatric Depression Scale (GDS-15) to assess depressive symptoms. A GDS-15 score 7 or more indicates the presence of clinically significant depressive symptoms. Physical morbidity was assessed with the physical component summary score (PCS) of the SF-36 Health Survey. We collected fasting blood samples to measure high sensitivity CRP and to extract DNA for the genotyping of SNPs rs1130864 and rs1205 of the CRP gene. RESULTS: One hundred and eighty-two men were depressed (4.9%). The odds of depression increased by 2% (95% CI = 1-4%) for every unit (mg/l) increase of CRP and nearly doubled for men with CRP > or = 3 mg/l vs <1 mg/l [odds ratio (OR) = 1.95, 95% confidence interval (CI) = 1.27-2.98]. However, the association between high CRP (> or = 3 mg/l) and depression was no longer significant after the analyses were adjusted for smoking, age, body mass index (BMI) and PCS. Men with the CT and TT genotypes of rs1130864 had 1.36 (95% CI = 1.13-1.63) and 2.31 (95% CI = 1.65-3.24) greater odds of CRP > or = 3 mg/l than CC carriers, but there was no association between this polymorphism and the presence of prevalent depression. The G > A polymorphism of SNP rs1205 was associated with 24% (95% CI = 16-32%) lower concentration of CRP compared with other genotypes. Men with the rs1205 AA genotype had 1.66 (95% CI = 1.07-2.57) and 1.67 (95% CI = 1.08-2.58) greater odds of having clinically significant depression than participants with the GA and GG genotypes, respectively. CONCLUSION: Our study shows that clinically significant depressive symptoms in later life are unlikely to be caused by an increase in the serum concentration of CRP. Instead, we found that the risk of depression was greater amongst people who carry the rs1205 G > A genetic polymorphism of the CRP gene, which was associated with approximately 20% lower serum concentration of CRP compared with other genotypes. This suggests that CRP may be a compensatory response to external insults that predispose to depression, and that an increase in the concentration of CRP might be adaptive

(46) HANLON C, WHITLEY R, WONDIMAGEGN D, ALEM A, *et al.* **Postnatal mental distress in relation to the sociocultural practices of childbirth: an exploratory qualitative study from Ethiopia**. Soc Sci Med. 2009 Oct., vol. 69, n° 8, pp.1211-1219
http://dx.doi.org/10.1016/j.socscimed.2009.07.043 **(Accès réservé EHESP)**

Sociocultural patterning of the postnatal period in non-Western settings has been hypothesised to protect against postnatal depression. In 2004, in a predominantly rural area of Ethiopia, we conducted 25 in-depth interviews and five focus group discussions with purposively selected participants including perinatal women, fathers, grandmothers, traditional and religious leaders, birth attendants and community leaders. Our main objectives were (1) to examine societal recognition of problematic distress states in the postnatal period and relate this to Western

conceptualisations of postnatal depression and (2) to relate the occurrence of distress states to sociocultural patterning of the postnatal period. Inductive analysis was employed to identify salient themes. Participants spontaneously described culturally problematic distress states occurring in the postnatal period, although did not consider them to be illness. Vulnerability and danger of the postnatal period was emphasised, with risk of supernatural attack and physical harm leading to distress states. Participants also spoke of how gender disadvantage and economic strain intersect with cultural patterning of the postnatal period, threatening mental health due to the resulting disappointed expectations and exclusion, as well as exacerbation of pre-existing problems. Cultural dissonance, where a person's beliefs or actions are out of kilter with strong prevailing cultural norms, may be an important risk factor for postnatal distress in rural Ethiopia, where the postnatal period is extensively culturally elaborated

(47) ESPOSITO CA, STEEL Z, GIOI TM, HUYEN TT, *et al.* **The prevalence of depression among men living with HIV infection in Vietnam**. Am J Public Health. 2009 Oct., vol. 99 Suppl 2, p.S439-S444
http://dx.doi.org10.2105/AJPH.2008.155168 **(Accès payant)**

OBJECTIVES: We assessed the prevalence of depression among men living with HIV infection in Vietnam and compared the findings with those from a general population survey of Vietnamese men. METHODS: Between November 2007 and April 2008, 584 participants completed a structured questionnaire in Vietnamese that measured self-reported depression. We used the chi2 test to detect differences in prevalence rates within HIV populations and between our respondents and a general Vietnamese male population. RESULTS: Respondents had a depression rate of 18.7% over a 1-month period, which was substantially higher than that reported in the Vietnamese male population (0.9%). Rates were highest among men reporting higher levels of stress and more HIV symptoms. Men diagnosed with depression experienced significantly more difficulty than others in accessing medical care. CONCLUSIONS: Our results provide the first empirical evidence of depression among men living with HIV in Vietnam and underscore the need to include mental health services in the response to HIV

(48) KLABBERS G, BOSMA H, VAN LENTHE FJ, KEMPEN GI, *et al.* **The relative contributions of hostility and depressive symptoms to the income gradient in hospital-based incidence of ischaemic heart disease: 12-Year follow-up findings from the GLOBE study**. Soc Sci Med. 2009 Oct., vol. 69, n° 8, pp.1272-1280
http://dx.doi.org/10.1016/j.socscimed.2009.07.031 **(Accès réservé EHESP)**

There is evidence to support the view that both hostility and depressive symptoms are psychological risk factors for ischaemic heart disease (IHD), additional to the effects of lifestyle and biomedical risk factors. Both are also more common in lower socioeconomic groups. Studies to find out how socioeconomic status (SES) gets under the skin have not yet determined the relative contributions of hostility and depression to the income gradient in IHD. This has been examined in a Dutch prospective population-based cohort study (GLOBE study), with participants aged 15-74 years (n=2374). Self-reported data at baseline (1991) and in 1997 provided detailed information on income and on psychological, lifestyle and biomedical factors, which were linked to hospital admissions due to incident IHD over a period of 12 years since baseline. Cox proportional hazard models were used to study the contributions of hostility and depressive symptoms to the association between income and time to incident IHD. The relative risk of incident IHD was highest in the lowest income group, with a hazard ratio of 2.71. Men on the lowest incomes reported more adverse lifestyles and biomedical factors, which contributed to their higher risk of incident IHD. An unhealthy psychological profile, particularly hostility, contributed to the income differences in incident IHD among women. The low number of IHD incidents in the women however, warrants additional research in larger samples

(49) DOWRICK C. **When diagnosis fails: a commentary on McPherson & Armstrong**. Soc Sci Med. 2009 Oct., vol. 69, n° 8, pp.1144-1146
http://dx.doi.org/10.1016/j.socscimed.2009.05.031 **(Accès réservé EHESP)**

Grippe A

sommaire

(53) ZHU FC, WANG H, FANG HH, YANG JG, *et al.* **A Novel Influenza A (H1N1) Vaccine in Various Age Groups**. N Engl J Med. 2009 Oct. 21,
http://dx.doi.org/10.1056/NEJMoa0908535 **(Accès réservé EHESP)**

BACKGROUND: There is an urgent need for a vaccine that is effective against the 2009 pandemic influenza A (H1N1) virus. METHODS: A split-virus, inactivated candidate vaccine against the 2009 H1N1 virus was manufactured, and we evaluated its safety and immunogenicity in a randomized clinical trial. Subjects were between 3 and 77 years of age, stratified into four age groups. The immunization schedule consisted of two vaccinations, 21 days apart. Subjects were injected with placebo or with vaccine, with or without alum adjuvant, at doses of 7.5 mug, 15 mug, or 30 mug. Serologic analysis was performed at baseline and on days 21 and 35. RESULTS: A total of 2200 subjects received one dose, and 2103 (95.6%) received the second dose, of vaccine or placebo. No severe adverse side effects associated with the vaccine were noted. In the nonadjuvanted-vaccine groups, injection-site or systemic reactions, most mild in nature, were noted in 5.5 to 15.9% of subjects. Among the subjects receiving 15 mug of nonadjuvanted vaccine, a hemagglutination-inhibition titer of 1:40 or more was achieved by day 21 in 74.5% of subjects between 3 and 11 years of age, 97.1% of subjects between 12 and 17 years, 97.1% of subjects between 18 and 60 years, and 79.1% of subjects 61 years of age or older; by day 35, the titer had been achieved in 98.1%, 100%, 97.1%, and 93.3% of subjects, respectively. The proportion with a titer of 1:40 or more was generally highest among the subjects receiving 30 mug of vaccine, with or without adjuvant. Vaccine without adjuvant was associated with fewer local reactions and greater immune responses than was vaccine with adjuvant. CONCLUSIONS: These data suggest that a single dose of 15 mug of hemagglutinin antigen without alum adjuvant induces a typically protective immune response in the majority of subjects between 12 and 60 years of age. Lesser immune responses were seen after a single dose of vaccine in younger and older subjects. (ClinicalTrials.gov number, NCT00975572.) Copyright 2009 Massachusetts Medical Society

(54) SANTIBANEZ S, FIORE AE, MERLIN TL, REDD S. **A primer on strategies for prevention and control of seasonal and pandemic influenza**. Am J Public Health. 2009 Oct., vol. 99 Suppl 2, p.S216-S224
http://dx.doi.org10.2105/AJPH.2009.164848 **(Accès payant)**

The United States has made considerable progress in pandemic preparedness. Limited attention, however, has been given to the challenges faced by populations that will be at increased risk of the consequences of the pandemic, including challenges caused by societal, economic, and health-related factors. This supplement to the American Journal of Public Health focuses on the challenges faced by at-risk and vulnerable populations in preparing for and responding to an influenza pandemic. Here, we provide background information for subsequent articles throughout the supplement. We summarize (1) seasonal influenza epidemiology, transmission, clinical illness, diagnosis, vaccines, and antiviral medications; (2) H5N1 avian influenza; and (3) pandemic influenza vaccines, antiviral medications, and nonpharmaceutical interventions

(55) CRAWFORD SM. **A/H1N1 flu pandemic. Managing neutropenic sepsis**. BMJ. 2009, vol. 339, p.b3960
http://www.ncbi.nlm.nih.gov/pubmed/19808819 **(Accès réservé EHESP)**

(56) WHITAKER P, ETHERINGTON C, DENTON M, CONWAY S, *et al.* **A/H1N1 flu pandemic. A/H1N1 and other viruses affecting cystic fibrosis**. BMJ. 2009, vol. 339, p.b3958
http://www.ncbi.nlm.nih.gov/pubmed/19808817 **(Accès réservé EHESP)**

(57) LAU JT, YEUNG NC, CHOI KC, CHENG MY, *et al.* **Acceptability of A/H1N1 vaccination during pandemic phase of influenza A/H1N1 in Hong Kong: population based cross sectional survey**. BMJ. 2009, vol. 339, p.b4164

http://www.ncbi.nlm.nih.gov/pubmed/19861377 **(Accès réservé EHESP)**

OBJECTIVE: To investigate the intention of the Hong Kong general population to take up vaccination against influenza A/H1N1. Setting Cross sectional population based anonymous survey. Participants Random sample of 301 adults interviewed by telephone (response rate 80%). MAIN OUTCOME MEASURE: Intention to take up vaccination against influenza A/H1N1 under five hypothetical scenarios: vaccination is free; vaccination per dosage costs less than $HK100 (pound8; euro9; $13), $HK101-200, or more than $HK200; and no data are available on the efficacy and safety of the vaccine. Results 45% (n=135) of the participants reported that they would be highly likely take up vaccination if it was free. When vaccination incurred a cost, however, the prevalence of uptake decreased: 36% (n=108) would take up vaccination if it cost less than $HK100, 24% (n=72) if it cost $HK101-200, and 15% (n=45) if it cost more than $HK200; and in absence of proved efficacy and safety decreased to 5% (n=14). Moreover, 32% (n=95) considered universal A/H1N1 vaccination unnecessary. Overall, 39% (n=117) of participants believed that A/H1N1 vaccination would prevent the virus being contracted; 63% (n=189) erroneously believed that efficacy of the vaccine had been confirmed by clinical trials, and 16% (n=49) believed that it is necessary for everyone in Hong Kong to take up vaccination against influenza A/H1N1. Conclusions The uptake of vaccination against influenza A/H1N1 by the general population of Hong Kong is unlikely to be high and would be sensitive to personal cost. Evidence about safety and efficacy is critical in determining the prevalence of uptake of vaccination

(58) WIEBE C, RESLEROVA M, KOMENDA P, BUETI J, *et al.* **Atypical clinical presentation of H1N1 influenza in a dialysis patient**. Lancet. 2009 Oct. 10, vol. 374, n° 9697, p.1300
http://dx.doi.org/10.1016/S0140-6736(09)61596-8 **(Accès réservé EHESP)**

(59) KUEHN BM. **CDC updates recommendations for protecting clinicians from influenza**. JAMA. 2009 Nov. 4, vol. 302, n° 17, p.1847
http://dx.doi.org/10.1001/jama.2009.1602 **(Accès réservé EHESP)**

(60) HERSH AL, MASELLI JH, CABANA MD. **Changes in prescribing of antiviral medications for influenza associated with new treatment guidelines**. Am J Public Health. 2009 Oct., vol. 99 Suppl 2, p.S362-S364
http://dx.doi.org10.2105/AJPH.2009.171462 **(Accès payant)**

In 2006, the Centers for Disease Control and Prevention recommended discontinuing the use of adamantanes (amantadine and rimantadine) to treat influenza because of high levels of resistance to this class of antivirals. We examined changes in prescribing practices resulting from this recommendation and found that prescribing of adamantanes declined nationwide, with these drugs accounting for approximately 40% of the antivirals prescribed for influenza from 2000 to 2005 and only 2% in 2006. This finding provides evidence of a rapid change in clinical practice associated with the dissemination of treatment guidelines. Evaluating the effectiveness with which public health recommendations are translated into practice is important given the ongoing emergence of resistance to antiviral drugs and a novel H1N1 influenza virus

(61) DE BRUIN WB, GUVENC U, FISCHHOFF B, ARMSTRONG CM, *et al.* **Communicating about xenotransplantation: models and scenarios**. Risk Anal. 2009 Aug., vol. 29, n° 8, pp.1105-1115
http://dx.doi.org/R10.1111/j.1539-6924.2009.01241.x **(Accès payant)**

Xenotransplantation entails using organs from genetically modified animals as a way to solve the shortage of human organs for transplantation. As with other novel technologies, if xenotransplantation is to be judged fairly, proponents must explain its complex, uncertain, and unfamiliar risks and benefits. Xenotransplantation's risks include the possibility of a recombinant virus infecting human transplant recipients, potentially causing an epidemic of an unfamiliar disease. Using materials vetted by scientific experts, we communicated the variables and relationships determining this risk in three formally equivalent formats: (a) a graphic model, (b) scenarios structured by the graphic model, and (c) both the model and the scenarios. Participants

were randomly assigned to receiving one set of materials. They rated them as equally clear and studied them equally long, suggesting similar ease of cognitive processing. Compared to participants receiving the scenarios, those who received the graphic model better identified causes and effects of the risk, and saw less risk of xenotransplantation. Participants who received both the model and the scenarios generally showed intermediate responses. The study demonstrates a general procedure for developing and evaluating formally equivalent graphic and scenario communications regarding highly uncertain risks. In this application to xenotransplantation, presenting a graphic representation improved people's understanding of the risk

(62) WEBB SA, PETTILA V, SEPPELT I, BELLOMO R, *et al.* **Critical care services and 2009 H1N1 influenza in Australia and New Zealand**. N Engl J Med. 2009 Nov. 12, vol. 361, n° 20, pp.1925-1934
http://dx.doi.org/10.1056/NEJMoa0908481 **(Accès réservé EHESP)**

BACKGROUND: Planning for the treatment of infection with the 2009 pandemic influenza A (H1N1) virus through health care systems in developed countries during winter in the Northern Hemisphere is hampered by a lack of information from similar health care systems. METHODS: We conducted an inception-cohort study in all Australian and New Zealand intensive care units (ICUs) during the winter of 2009 in the Southern Hemisphere. We calculated, per million inhabitants, the numbers of ICU admissions, bed-days, and days of mechanical ventilation due to infection with the 2009 H1N1 virus. We collected data on demographic and clinical characteristics of the patients and on treatments and outcomes. RESULTS: From June 1 through August 31, 2009, a total of 722 patients with confirmed infection with the 2009 H1N1 virus (28.7 cases per million inhabitants; 95% confidence interval [CI], 26.5 to 30.8) were admitted to an ICU in Australia or New Zealand. Of the 722 patients, 669 (92.7%) were under 65 years of age and 66 (9.1%) were pregnant women; of the 601 adults for whom data were available, 172 (28.6%) had a body-mass index (the weight in kilograms divided by the square of the height in meters) greater than 35. Patients infected with the 2009 H1N1 virus were in the ICU for a total of 8815 bed-days (350 per million inhabitants). The median duration of treatment in the ICU was 7.0 days (interquartile range, 2.7 to 13.4); 456 of 706 patients (64.6%) with available data underwent mechanical ventilation for a median of 8 days (interquartile range, 4 to 16). The maximum daily occupancy of the ICU was 7.4 beds (95% CI, 6.3 to 8.5) per million inhabitants. As of September 7, 2009, a total of 103 of the 722 patients (14.3%; 95% CI, 11.7 to 16.9) had died, and 114 (15.8%) remained in the hospital. CONCLUSIONS: The 2009 H1N1 virus had a substantial effect on ICUs during the winter in Australia and New Zealand. Our data can assist planning for the treatment of patients during the winter in the Northern Hemisphere

(63) KUMAR A, ZARYCHANSKI R, PINTO R, COOK DJ, *et al.* **Critically ill patients with 2009 influenza A(H1N1) infection in Canada**. JAMA. 2009 Nov. 4, vol. 302, n° 17, pp.1872-1879
http://dx.doi.org/2010.1001/jama.2009.1496 **(Accès réservé EHESP)**

CONTEXT: Between March and July 2009, the largest number of confirmed cases of 2009 influenza A(H1N1) infection occurred in North America. OBJECTIVE: To describe characteristics, treatment, and outcomes of critically ill patients in Canada with 2009 influenza A(H1N1) infection. Design, Setting, and PATIENTS: A prospective observational study of 168 critically ill patients with 2009 influenza A(H1N1) infection in 38 adult and pediatric intensive care units (ICUs) in Canada between April 16 and August 12, 2009. MAIN OUTCOME MEASURES: The primary outcome measures were 28-day and 90-day mortality. Secondary outcomes included frequency and duration of mechanical ventilation and duration of ICU stay. RESULTS: Critical illness occurred in 215 patients with confirmed (n = 162), probable (n = 6), or suspected (n = 47) community-acquired 2009 influenza A(H1N1) infection. Among the 168 patients with confirmed or probable 2009 influenza A(H1N1), the mean (SD) age was 32.3 (21.4) years; 113 were female (67.3%) and 50 were children (29.8%). Overall mortality among critically ill patients at 28 days was 14.3% (95% confidence interval, 9.5%-20.7%). There were 43 patients who were aboriginal Canadians (25.6%). The median time from symptom onset to hospital admission was 4 days (interquartile range [IQR], 2-7 days) and from hospitalization to ICU admission was 1 day (IQR, 0-2 days).

Shock and nonpulmonary acute organ dysfunction was common (Sequential Organ Failure Assessment mean [SD] score of 6.8 [3.6] on day 1). Neuraminidase inhibitors were administered to 152 patients (90.5%). All patients were severely hypoxemic (mean [SD] ratio of Pao(2) to fraction of inspired oxygen [Fio(2)] of 147 [128] mm Hg) at ICU admission. Mechanical ventilation was received by 136 patients (81.0%). The median duration of ventilation was 12 days (IQR, 6-20 days) and ICU stay was 12 days (IQR, 5-20 days). Lung rescue therapies included neuromuscular blockade (28% of patients), inhaled nitric oxide (13.7%), high-frequency oscillatory ventilation (11.9%), extracorporeal membrane oxygenation (4.2%), and prone positioning ventilation (3.0%). Overall mortality among critically ill patients at 90 days was 17.3% (95% confidence interval, 12.0%-24.0%; n = 29). CONCLUSION: Critical illness due to 2009 influenza A(H1N1) in Canada occurred rapidly after hospital admission, often in young adults, and was associated with severe hypoxemia, multisystem organ failure, a requirement for prolonged mechanical ventilation, and the frequent use of rescue therapies

(64) DOMINGUEZ-CHERIT G, LAPINSKY SE, MACIAS AE, PINTO R, *et al.* **Critically Ill patients with 2009 influenza A(H1N1) in Mexico**. JAMA. 2009 Nov. 4, vol. 302, n° 17, pp.1880-1887 http://dx.doi.org/2010.1001/jama.2009.1536 **(Accès réservé EHESP)**

CONTEXT: In March 2009, novel 2009 influenza A(H1N1) was first reported in the southwestern United States and Mexico. The population and health care system in Mexico City experienced the first and greatest early burden of critical illness. OBJECTIVE: To describe baseline characteristics, treatment, and outcomes of consecutive critically ill patients in Mexico hospitals that treated the majority of such patients with confirmed, probable, or suspected 2009 influenza A(H1N1). Design, Setting, and PATIENTS: Observational study of 58 critically ill patients with 2009 influenza A(H1N1) at 6 hospitals between March 24 and June 1, 2009. Demographic data, symptoms, comorbid conditions, illness progression, treatments, and clinical outcomes were collected using a piloted case report form. MAIN OUTCOME MEASURES: The primary outcome measure was mortality. Secondary outcomes included rate of 2009 influenza (A)H1N1-related critical illness and mechanical ventilation as well as intensive care unit (ICU) and hospital length of stay. RESULTS: Critical illness occurred in 58 of 899 patients (6.5%) admitted to the hospital with confirmed, probable, or suspected 2009 influenza (A)H1N1. Patients were young (median, 44.0 [range, 10-83] years); all presented with fever and all but 1 with respiratory symptoms. Few patients had comorbid respiratory disorders, but 21 (36%) were obese. Time from hospital to ICU admission was short (median, 1 day [interquartile range {IQR}, 0-3 days]), and all patients but 2 received mechanical ventilation for severe acute respiratory distress syndrome and refractory hypoxemia (median day 1 ratio of Pao(2) to fraction of inspired oxygen, 83 [IQR, 59-145] mm Hg). By 60 days, 24 patients had died (41.4%; 95% confidence interval, 28.9%-55.0%). Patients who died had greater initial severity of illness, worse hypoxemia, higher creatine kinase levels, higher creatinine levels, and ongoing organ dysfunction. After adjusting for a reduced opportunity of patients dying early to receive neuraminidase inhibitors, neuraminidase inhibitor treatment (vs no treatment) was associated with improved survival (odds ratio, 8.5; 95% confidence interval, 1.2-62.8). CONCLUSION: Critical illness from 2009 influenza A(H1N1) in Mexico occurred in young individuals, was associated with severe acute respiratory distress syndrome and shock, and had a high case-fatality rate

(65) COLE A. **Deaths from swine flu in UK rise, while cases fall**. BMJ. 2009, vol. 339, p.b4832 http://www.ncbi.nlm.nih.gov/pubmed/19914948 **(Accès réservé EHESP)**

(66) BAZ M, ABED Y, PAPENBURG J, BOUHY X, *et al.* **Emergence of Oseltamivir-Resistant Pandemic H1N1 Virus during Prophylaxis**. N Engl J Med. 2009 Nov. 11, http://dx.doi.org/NEJMc10.1056/NEJMc0910060 **(Accès réservé EHESP)**

(67) MEMISH Z, MCNABB S, MAHONEY F, ALRABIAH F, *et al.* **Establishment of public health security in Saudi Arabia for the 2009 Hajj in response to pandemic influenza A H1N1**. Lancet. 2009 Nov. 13, http://dx.doi.org/10.1016/S0140-6736(09)61927-9 **(Accès réservé EHESP)**

Mass gatherings of people challenge public health capacities at host locations and the visitors' places of origin. Hajj-the yearly pilgrimage by Muslims to Saudi Arabia-is one of the largest, most culturally and geographically diverse mass gatherings in the world. With the 2009 pandemic influenza A H1N1 and upcoming Hajj, the Saudi Arabian Ministry of Health (MoH) convened a preparedness consultation in June, 2009. Consultants from global public health agencies met in their official capacities with their Saudi Arabian counterparts. The MoH aimed to pool and share public health knowledge about mass gatherings, and review the country's preparedness plans, focusing on the prevention and control of pandemic influenza. This process resulted in several practical recommendations, many to be put into practice before the start of Hajj and the rest during Hajj. These preparedness plans should ensure the optimum provision of health services for pilgrims to Saudi Arabia, and minimum disease transmission on their return home. Review of the implementation of these recommendations and their effect will not only inform future mass gatherings in Saudi Arabia, but will also strengthen preparedness efforts in other settings

(68) COOK S. **European agency approves swine flu vaccines for licensing**. BMJ. 2009, vol. 339, p.b3992
http://www.ncbi.nlm.nih.gov/pubmed/19808835 **(Accès réservé EHESP)**

(69) DAVIES A, JONES D, BAILEY M, BECA J, *et al.* **Extracorporeal Membrane Oxygenation for 2009 Influenza A(H1N1) Acute Respiratory Distress Syndrome**. JAMA. 2009 Nov. 4, vol. 302, n° 17, pp.1888-1895
http://dx.doi.org/2010.1001/jama.2009.1535 **(Accès réservé EHESP)**

CONTEXT: The novel influenza A(H1N1) pandemic affected Australia and New Zealand during the 2009 southern hemisphere winter. It caused an epidemic of critical illness and some patients developed severe acute respiratory distress syndrome (ARDS) and were treated with extracorporeal membrane oxygenation (ECMO). OBJECTIVES: To describe the characteristics of all patients with 2009 influenza A(H1N1)-associated ARDS treated with ECMO and to report incidence, resource utilization, and patient outcomes. Design, Setting, and PATIENTS: An observational study of all patients (n = 68) with 2009 influenza A(H1N1)-associated ARDS treated with ECMO in 15 intensive care units (ICUs) in Australia and New Zealand between June 1 and August 31, 2009. MAIN OUTCOME MEASURES: Incidence, clinical features, degree of pulmonary dysfunction, technical characteristics, duration of ECMO, complications, and survival. RESULTS: Sixty-eight patients with severe influenza-associated ARDS were treated with ECMO, of whom 61 had either confirmed 2009 influenza A(H1N1) (n = 53) or influenza A not subtyped (n = 8), representing an incidence rate of 2.6 ECMO cases per million population. An additional 133 patients with influenza A received mechanical ventilation but no ECMO in the same ICUs. The 68 patients who received ECMO had a median (interquartile range [IQR]) age of 34.4 (26.6-43.1) years and 34 patients (50%) were men. Before ECMO, patients had severe respiratory failure despite advanced mechanical ventilatory support with a median (IQR) Pao(2)/fraction of inspired oxygen (Fio(2)) ratio of 56 (48-63), positive end-expiratory pressure of 18 (15-20) cm H(2)O, and an acute lung injury score of 3.8 (3.5-4.0). The median (IQR) duration of ECMO support was 10 (7-15) days. At the time of reporting, 48 of the 68 patients (71%; 95% confidence interval [CI], 60%-82%) had survived to ICU discharge, of whom 32 had survived to hospital discharge and 16 remained as hospital inpatients. Fourteen patients (21%; 95% CI, 11%-30%) had died and 6 remained in the ICU, 2 of whom were still receiving ECMO. CONCLUSIONS: During June to August 2009 in Australia and New Zealand, the ICUs at regional referral centers provided mechanical ventilation for many patients with 2009 influenza A(H1N1)-associated respiratory failure, one-third of whom received ECMO. These ECMO-treated patients were often young adults with severe hypoxemia and had a 21% mortality rate at the end of the study period

(70) LOUIE JK, ACOSTA M, WINTER K, JEAN C, *et al.* **Factors associated with death or hospitalization due to pandemic 2009 influenza A(H1N1) infection in California**. JAMA. 2009 Nov. 4, vol. 302, n° 17, pp.1896-1902
http://dx.doi.org/10.1001/jama.2009.1583 **(Accès réservé EHESP)**

CONTEXT: Pandemic influenza A(H1N1) emerged rapidly in California in April 2009. Preliminary

comparisons with seasonal influenza suggest that pandemic 2009 influenza A(H1N1) disproportionately affects younger ages and causes generally mild disease. OBJECTIVE: To describe the clinical and epidemiologic features of pandemic 2009 influenza A(H1N1) cases that led to hospitalization or death. DESIGN, SETTING, AND PARTICIPANTS: Statewide enhanced public health surveillance of California residents who were hospitalized or died with laboratory evidence of pandemic 2009 influenza A(H1N1) infection reported to the California Department of Public Health between April 23 and August 11, 2009. MAIN OUTCOME MEASURE: Characteristics of hospitalized and fatal cases. RESULTS: During the study period there were 1088 cases of hospitalization or death due to pandemic 2009 influenza A(H1N1) infection reported in California. The median age was 27 years (range, <1-92 years) and 68% (741/1088) had risk factors for seasonal influenza complications. Sixty-six percent (547/833) of those with chest radiographs performed had infiltrates and 31% (340/1088) required intensive care. Rapid antigen tests were falsely negative in 34% (208/618) of cases evaluated. Secondary bacterial infection was identified in 4% (46/1088). Twenty-one percent (183/884) received no antiviral treatment. Overall fatality was 11% (118/1088) and was highest (18%-20%) in persons aged 50 years or older. The most common causes of death were viral pneumonia and acute respiratory distress syndrome. CONCLUSIONS: In the first 16 weeks of the current pandemic, the median age of hospitalized infected cases was younger than is common with seasonal influenza. Infants had the highest hospitalization rates and persons aged 50 years or older had the highest mortality rates once hospitalized. Most cases had established risk factors for complications of seasonal influenza

(71) TARANTOLA D. **H1N1 flu and the Tartar Steppe**. Am J Public Health. 2009 Oct., vol. 99 Suppl 2, p.S209
http://dx.doi.org10.2105/AJPH.2009.172296 **(Accès payant)**

(72) COOK S. **H1N1 vaccination begins as proportion of cases in hospital admitted to intensive care rises**. BMJ. 2009, vol. 339, p.b4291
http://www.ncbi.nlm.nih.gov/pubmed/19841006 **(Accès réservé EHESP)**

(73) HAMPTON T. **H1N1 vaccine urged for health workers, but some resist getting on board**. JAMA. 2009 Nov. 4, vol. 302, n° 17, pp.1848-1849
http://dx.doi.org/10.1001/jama.2009.1595 **(Accès réservé EHESP)**

(74) THE L. **Hajj and 2009 pandemic influenza A H1N1**. Lancet. 2009 Nov. 13,
http://dx.doi.org/10.1016/S0140-6736(09)61971-1 **(Accès réservé EHESP)**

(75) MITKA M. **Hand washing, a key anti-flu strategy, often neglected by health care workers**. JAMA. 2009 Nov. 4, vol. 302, n° 17, pp.1850-1851
http://dx.doi.org/10.1001/jama.2009.1572 **(Accès réservé EHESP)**

(76) JAIN S, KAMIMOTO L, BRAMLEY AM, SCHMITZ AM, *et al.* **Hospitalized patients with 2009 H1N1 influenza in the United States, April-June 2009**. N Engl J Med. 2009 Nov. 12, vol. 361, n° 20, pp.1935-1944
http://dx.doi.org/10.1056/NEJMoa0906695 **(Accès réservé EHESP)**

BACKGROUND: During the spring of 2009, a pandemic influenza A (H1N1) virus emerged and spread globally. We describe the clinical characteristics of patients who were hospitalized with 2009 H1N1 influenza in the United States from April 2009 to mid-June 2009. METHODS: Using medical charts, we collected data on 272 patients who were hospitalized for at least 24 hours for influenza-like illness and who tested positive for the 2009 H1N1 virus with the use of a real-time reverse-transcriptase-polymerase-chain-reaction assay. RESULTS: Of the 272 patients we studied, 25% were admitted to an intensive care unit and 7% died. Forty-five percent of the patients were children under the age of 18 years, and 5% were 65 years of age or older. Seventy-three percent of the patients had at least one underlying medical condition; these conditions included asthma; diabetes; heart, lung, and neurologic diseases; and pregnancy. Of the 249 patients who underwent chest radiography on admission, 100 (40%) had findings consistent with pneumonia. Of the 268 patients for whom data were available regarding the use of antiviral drugs,

such therapy was initiated in 200 patients (75%) at a median of 3 days after the onset of illness. Data suggest that the use of antiviral drugs was beneficial in hospitalized patients, especially when such therapy was initiated early. CONCLUSIONS: During the evaluation period, 2009 H1N1 influenza caused severe illness requiring hospitalization, including pneumonia and death. Nearly three quarters of the patients had one or more underlying medical conditions. Few severe illnesses were reported among persons 65 years of age or older. Patients seemed to benefit from antiviral therapy

(77) LIPSITCH M, HAYDEN FG, COWLING BJ, LEUNG GM. **How to maintain surveillance for novel influenza A H1N1 when there are too many cases to count**. Lancet. 2009 Oct. 3, vol. 374, n° 9696, pp.1209-1211
http://dx.doi.org/10.1016/S0140-6736(09)61377-5 **(Accès réservé EHESP)**

(78) **How to win trust over flu**. Nature. 2009 Oct. 8, vol. 461, n° 7265, p.698
http://dx.doi.org/10.1038/461698a **(Accès payant)**

(79) BLACK S, ESKOLA J, SIEGRIST CA, HALSEY N, *et al.* **Importance of background rates of disease in assessment of vaccine safety during mass immunisation with pandemic H1N1 influenza vaccines**. Lancet. 2009 Oct. 30,
http://dx.doi.org/10.1016/S0140-6736(09)61877-8 **(Accès réservé EHESP)**

Because of the advent of a new influenza A H1N1 strain, many countries have begun mass immunisation programmes. Awareness of the background rates of possible adverse events will be a crucial part of assessment of possible vaccine safety concerns and will help to separate legitimate safety concerns from events that are temporally associated with but not caused by vaccination. We identified background rates of selected medical events for several countries. Rates of disease events varied by age, sex, method of ascertainment, and geography. Highly visible health conditions, such as Guillain-Barre syndrome, spontaneous abortion, or even death, will occur in coincident temporal association with novel influenza vaccination. On the basis of the reviewed data, if a cohort of 10 million individuals was vaccinated in the UK, 21.5 cases of Guillain-Barre syndrome and 5.75 cases of sudden death would be expected to occur within 6 weeks of vaccination as coincident background cases. In female vaccinees in the USA, 86.3 cases of optic neuritis per 10 million population would be expected within 6 weeks of vaccination. 397 per 1 million vaccinated pregnant women would be predicted to have a spontaneous abortion within 1 day of vaccination

(80) LAGUNA-TORRES VA, BENAVIDES JG. **Infection and death from influenza A H1N1 virus in Mexico**. Lancet. 2009 Nov. 11,
http://dx.doi.org/10.1016/S0140-6736(09)61916-4 **(Accès réservé EHESP)**

(81) ECHEVARRIA-ZUNO S, MEJIA-ARANGURE JM, MAR-OBESO AJ, GRAJALES-MUNIZ C, *et al.* **Infection and death from influenza A H1N1 virus in Mexico: a retrospective analysis**. Lancet. 2009 Nov. 11,
http://dx.doi.org/10.1016/S0140-6736(09)61638-X **(Accès réservé EHESP)**

BACKGROUND: In April, 2009, the first cases of influenza A H1N1 were registered in Mexico and associated with an unexpected number of deaths. We report the timing and spread of H1N1 in cases, and explore protective and risk factors for infection, severe disease, and death. METHODS: We analysed information gathered by the influenza surveillance system from April 28 to July 31, 2009, for patients with influenza-like illness who attended clinics that were part of the Mexican Institute for Social Security network. We calculated odds ratios (ORs) to compare risks of testing positive for H1N1 in those with influenza-like illness at clinic visits, the risk of admission for laboratory-confirmed cases of H1N1, and of death for inpatients according to demographic characteristics, clinical symptoms, seasonal influenza vaccine status, and elapsed time from symptom onset to admission. FINDINGS: By July 31, 63 479 cases of influenza-like illness were reported; 6945 (11%) cases of H1N1 were confirmed, 6407 (92%) were outpatients, 475 (7%) were admitted and survived, and 63 (<1%) died. Those aged 10-39 years were most affected

(3922 [56%]). Mortality rates showed a J-shaped curve, with greatest risk in those aged 70 years and older (10.3%). Risk of infection was lowered in those who had been vaccinated for seasonal influenza (OR 0.65 [95% CI 0.55-0.77]). Delayed admission (1.19 [1.11-1.28] per day) and presence of chronic diseases (6.1 [2.37-15.99]) were associated with increased risk of dying. INTERPRETATION: Risk communication and hospital preparedness are key factors to reduce mortality from H1N1 infection. Protective effects of seasonal influenza vaccination for the virus need to be investigated. FUNDING: None

(82) GERBERDING JL. **Influenza in 2009: new solutions, same old problems**. JAMA. 2009 Nov. 4, vol. 302, n° 17, pp.1907-1908
http://dx.doi.org/10.1001/jama.2009.1617 (**Accès réservé EHESP**)

(83) SHINE KI, ROGERS B, GOLDFRANK LR. **Novel H1N1 influenza and respiratory protection for health care workers**. N Engl J Med. 2009 Nov. 5, vol. 361, n° 19, pp.1823-1825
http://dx.doi.org/NEJMp10.1056/NEJMp0908437 **(Accès réservé EHESP)**

(84) SIVA N. **Number of swine flu patients going into intensive care is rising**. BMJ. 2009, vol. 339, p.b4528
http://www.ncbi.nlm.nih.gov/pubmed/19884211 **(Accès réservé EHESP)**

(85) FISMAN DN, SAVAGE R, GUBBAY J, ACHONU C, *et al.* **Older age and a reduced likelihood of 2009 H1N1 virus infection**. N Engl J Med. 2009 Nov. 12, vol. 361, n° 20, pp.2000-2001
http://dx.doi.org/10.1056/NEJMc0907256 **(Accès réservé EHESP)**

(86) MEDLOCK J, GALVANI AP. **Optimizing influenza vaccine distribution**. Science. 2009 Sept. 25, vol. 325, n° 5948, pp.1705-1708
http://dx.doi.org/10.1126/science.1175570 (**Accès réservé EHESP**)

The criteria to assess public health policies are fundamental to policy optimization. Using a model parametrized with survey-based contact data and mortality data from influenza pandemics, we determined optimal vaccine allocation for five outcome measures: deaths, infections, years of life lost, contingent valuation, and economic costs. We find that optimal vaccination is achieved by prioritization of schoolchildren and adults aged 30 to 39 years. Schoolchildren are most responsible for transmission, and their parents serve as bridges to the rest of the population. Our results indicate that consideration of age-specific transmission dynamics is paramount to the optimal allocation of influenza vaccines. We also found that previous and new recommendations from the U.S. Centers for Disease Control and Prevention both for the novel swine-origin influenza and, particularly, for seasonal influenza, are suboptimal for all outcome measures

(87) RASMUSSEN SA, JAMIESON DJ, MACFARLANE K, CRAGAN JD, *et al.* **Pandemic influenza and pregnant women: summary of a meeting of experts**. Am J Public Health. 2009 Oct., vol. 99 Suppl 2, p.S248-S254
http://dx.doi.org/10.2105/AJPH.2008.152900 **(Accès payant)**

Pandemic Influenza: Special Considerations for Pregnant Women was a meeting convened by the Centers for Disease Control and Prevention in 2008 to obtain input from experts and key partners regarding clinical management of pregnant women and related public health actions to be taken during a pandemic. Meeting goals were to discuss issues specific to pregnant women, identify gaps in knowledge, and develop a public health approach for pregnant women in the event of a pandemic. The meeting focused on 4 main topics: prophylaxis and treatment with influenza antiviral and other medications, vaccine use, nonpharmaceutical interventions and health care planning, and communications. Participants reviewed the available evidence to guide action in each of these areas and identified areas of critical needs for future research

(88) STEVENSON E, BARRIOS L, CORDELL R, DELOZIER D, *et al.* **Pandemic influenza planning: addressing the needs of children**. Am J Public Health. 2009 Oct., vol. 99 Suppl 2, p.S255-S260
http://dx.doi.org10.2105/AJPH.2009.159970 **(Accès payant)**

Children represent one quarter of the US population. Because of its enormous size and special needs, it is critically important to address this population group in pandemic influenza planning. Here we describe the ways in which children are vulnerable in a pandemic, provide an overview of existing plans, summarize the resources available, and, given our experience with influenza A(H1N1), outline the evolving lessons we have learned with respect to planning for a severe influenza pandemic. We focus on a number of issues affecting children-vaccinations, medication availability, hospital capacity, and mental health concerns-and emphasize strategies that will protect children from exposure to the influenza virus, including infection control practices and activities in schools and child care programs

(89) GARCIA-GARCIA L, VALDESPINO-GOMEZ JL, LAZCANO-PONCE E, JIMENEZ-CORONA A, *et al.* **Partial protection of seasonal trivalent inactivated vaccine against novel pandemic influenza A/H1N1 2009: case-control study in Mexico City**. BMJ. 2009, vol. 339, p.b3928
http://www.ncbi.nlm.nih.gov/pubmed/19808768 **(Accès réservé EHESP)**

OBJECTIVE: To evaluate the association of 2008-9 seasonal trivalent inactivated vaccine with cases of influenza A/H1N1 during the epidemic in Mexico. DESIGN: Frequency matched case-control study. SETTING: Specialty hospital in Mexico City, March to May 2009. PARTICIPANTS: 60 patients with laboratory confirmed influenza A/H1N1 and 180 controls with other diseases (not influenza-like illness or pneumonia) living in Mexico City or the State of Mexico and matched for age and socioeconomic status. MAIN OUTCOME MEASURES: Odds ratio and effectiveness of trivalent inactivated vaccine against influenza A/H1N1. RESULTS: Cases were more likely than controls to be admitted to hospital, undergo invasive mechanical ventilation, and die. Controls were more likely than cases to have chronic conditions that conferred a higher risk of influenza related complications. In the multivariate model, influenza A/H1N1 was independently associated with trivalent inactivated vaccine (odds ratio 0.27, 95% confidence interval 0.11 to 0.66) and underlying conditions (0.15, 0.08 to 0.30). Vaccine effectiveness was 73% (95% confidence interval 34% to 89%). None of the eight vaccinated cases died. CONCLUSIONS: Preliminary evidence suggests some protection from the 2008-9 trivalent inactivated vaccine against pandemic influenza A/H1N1 2009, particularly severe forms of the disease, diagnosed in a specialty hospital during the influenza epidemic in Mexico City

(90) SOTO-ABRAHAM MV, SORIANO-ROSAS J, AZ-QUINONEZ A, SILVA-PEREYRA J, *et al.* **Pathological changes associated with the 2009 H1N1 virus**. N Engl J Med. 2009 Nov. 12, vol. 361, n° 20, pp.2001-2003
http://dx.doi.org/10.1056/NEJMc0907171 **(Accès réservé EHESP)**

(91) SU LL, CHAN J, CHONG YS, CHOOLANI M, *et al.* **Pregnancy and H1N1 infection**. Lancet. 2009 Oct. 24, vol. 374, n° 9699, pp.1417-1418
http://dx.doi.org/10.1016/S0140-6736(09)61854-7 **(Accès réservé EHESP)**

(92) BURIONI R, CANDUCCI F, CLEMENTI M. **Pregnancy and H1N1 infection**. Lancet. 2009 Oct. 24, vol. 374, n° 9699, pp.1417-1418
http://dx.doi.org/10.1016/S0140-6736(09)61853-5 **(Accès réservé EHESP)**

(93) WENZEL RP, EDMOND MB. **Preparing for 2009 H1N1 Influenza**. N Engl J Med. 2009 Nov. 12, vol. 361, n° 20, pp.1991-1993
http://dx.doi.org/10.1056/NEJMe0909666 **(Accès réservé EHESP)**

(94) WHITE DB, ANGUS DC. **Preparing for the Sickest Patients With 2009 Influenza A(H1N1)**. JAMA. 2009 Nov. 4, vol. 302, n° 17, pp.1905-1906
http://dx.doi.org/2010.1001/jama.2009.1539 **(Accès réservé EHESP)**

(95) HUTCHINS SS, TRUMAN BI, MERLIN TL, REDD SC. **Protecting vulnerable populations from pandemic influenza in the United States: a strategic imperative**. Am J Public Health. 2009 Oct., vol. 99 Suppl 2, p.S243-S248

http://dx.doi.org10.2105/AJPH.2009.164814 **(Accès payant)**

Protecting vulnerable populations from pandemic influenza is a strategic imperative. The US national strategy for pandemic influenza preparedness and response assigns roles to governments, businesses, civic and community-based organizations, individuals, and families. Because influenza is highly contagious, inadequate preparedness or untimely response in vulnerable populations increases the risk of infection for the general population. Recent public health emergencies have reinforced the importance of preparedness and the challenges of effective response among vulnerable populations. We explore definitions and determinants of vulnerable, at-risk, and special populations and highlight approaches for ensuring that pandemic influenza preparedness includes these populations and enables them to respond appropriately. We also provide an overview of population-specific and cross-cutting articles in this theme issue on influenza preparedness for vulnerable populations

(96) RAPPUOLI R, DEL GG, NABEL GJ, OSTERHAUS AD, *et al.* **Public health. Rethinking influenza**. Science. 2009 Oct. 2, vol. 326, n° 5949, p.50
http://dx.doi.org/326/10.1126/science.1179475 **(Accès réservé EHESP)**

(97) WISE J. **Reassure pregnant women over swine flu vaccine, health officials urge**. BMJ. 2009, vol. 339, p.b4642
http://www.ncbi.nlm.nih.gov/pubmed/19900997 **(Accès réservé EHESP)**

(98) AYALA E, KAGAWA FT, WEHNER JH, TAM J, *et al.* **Rhabdomyolysis associated with 2009 influenza A(H1N1)**. JAMA. 2009 Nov. 4, vol. 302, n° 17, pp.1863-1864
http://dx.doi.org/10.1001/jama.2009.1582 **(Accès réservé EHESP)**

(99) ENSERINK M. **Swine flu pandemic. Developing countries to get some H1N1 vaccine--but when?** Science. 2009 Nov. 6, vol. 326, n° 5954, p.782
http://dx.doi.org/326/510.1126/science.326_782 **(Accès réservé EHESP)**

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http://dx.doi.org/10.2105/AJPH.2008.134627 **(Accès payant)**

The H1N1 "Spanish flu" outbreak of 1918-1919 was the most devastating pandemic on record, killing between 50 million and 100 million people. Should the next influenza pandemic prove equally virulent, there could be more than 300 million deaths globally. The conventional view is that little could have been done to prevent the H1N1 virus from spreading or to treat those infected; however, there is evidence to the contrary. Records from an "open-air" hospital in Boston, Massachusetts, suggest that some patients and staff were spared the worst of the outbreak. A combination of fresh air, sunlight, scrupulous standards of hygiene, and reusable face masks appears to have substantially reduced deaths among some patients and infections among medical staff. We argue that temporary hospitals should be a priority in emergency planning. Equally, other measures adopted during the 1918 pandemic merit more attention than they currently receive

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(105) CHAN-TACK KM, MURRAY JS, BIRNKRANT DB. **Use of ribavirin to treat influenza**. N Engl J Med. 2009 Oct. 22, vol. 361, n° 17, pp.1713-1714 http://dx.doi.org/10.1056/NEJMc0905290 **(Accès réservé EHESP)**

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(107) ZAROCOSTAS J. **WHO will start delivering H1N1 vaccine to 100 poorer nations in November**. BMJ. 2009, vol. 339, p.b4216 http://www.ncbi.nlm.nih.gov/pubmed/19828646 **(Accès réservé EHESP)**

Maladie d'Alzheimer

sommaire

(108) MILLER G. **Alzheimer's biomarker initiative hits its stride**. Science. 2009 Oct. 16, vol. 326, n° 5951, pp.386-389 http://dx.doi.org/326/510.1126/science.326_386 **(Accès réservé EHESP)**

(109) LAMBRACHT-WASHINGTON D, QU BX, FU M, EAGAR TN, *et al.* **DNA beta-amyloid(1-42) trimer immunization for Alzheimer disease in a wild-type mouse model**. JAMA. 2009 Oct. 28, vol. 302, n° 16, pp.1796-1802 http://dx.doi.org/10.1001/jama.2009.1547 **(Accès réservé EHESP)**

CONTEXT: DNA beta-amyloid(1-42) (Abeta42) trimer immunization was developed to produce specific T helper 2 cell (T(H)2)-type antibodies to provide an effective and safe therapy for Alzheimer disease (AD) by reducing elevated levels of Abeta42 peptide that occur in the brain of patients with AD. OBJECTIVE: To compare the immune response in wild-type mice after immunization with DNA Abeta42 trimer and Abeta42 peptide. DESIGN AND INTERVENTION: Wild-type mice received either 4 microg of DNA Abeta42 trimer immunization administered with gene gun (n = 8) or intraperitoneal injection of 100 microg of human Abeta42 peptide with the adjuvant Quil A (n = 8). Titers, epitope mapping, and isotypes of the Abeta42-specific antibodies were analyzed. MAIN OUTCOME MEASURES: Antibody titers, mapping of binding sites (epitopes), isotype profiles of the Abeta42-specific antibodies, and T-cell activation. RESULTS: DNA Abeta42 trimer immunization resulted in antibody titers with a mean of 15 microg per milliliter of plasma. The isotype profile of the antibodies differed markedly. A predominant IgG1 antibody response was found in the DNA-immunized mice, indicating a T(H)2 type of immune response (IgG1/IgG2a ratio of 10). The peptide-immunized mice showed a mixed T(H)1/T(H)2 immune response (IgG1/IgG2a ratio of 1) (P < .001). No increased T-cell proliferation was observed in the DNA-immunized mice (P = .03). CONCLUSION: In this preliminary study in a wild-type mouse model, DNA Abeta42 trimer immunization protocol produced a T(H)2 immune response and appeared to have low potential to cause an inflammatory T-cell response

(110) MILLER G. **Longitudinal Alzheimer's studies go global**. Science. 2009 Oct. 16, vol. 326, n° 5951, p.388 http://dx.doi.org/326/510.1126/science.326_388 **(Accès réservé EHESP)**

(111) MITCHELL SL, TENO JM, KIELY DK, SHAFFER ML, *et al.* **The clinical course of advanced dementia**. N Engl J Med. 2009 Oct. 15, vol. 361, n° 16, pp.1529-1538 http://dx.doi.org/10.1056/NEJMoa0902234 **(Accès réservé EHESP)**

BACKGROUND: Dementia is a leading cause of death in the United States but is underrecognized as a terminal illness. The clinical course of nursing home residents with

advanced dementia has not been well described. METHODS: We followed 323 nursing home residents with advanced dementia and their health care proxies for 18 months in 22 nursing homes. Data were collected to characterize the residents' survival, clinical complications, symptoms, and treatments and to determine the proxies' understanding of the residents' prognosis and the clinical complications expected in patients with advanced dementia. RESULTS: Over a period of 18 months, 54.8% of the residents died. The probability of pneumonia was 41.1%; a febrile episode, 52.6%; and an eating problem, 85.8%. After adjustment for age, sex, and disease duration, the 6-month mortality rate for residents who had pneumonia was 46.7%; a febrile episode, 44.5%; and an eating problem, 38.6%. Distressing symptoms, including dyspnea (46.0%) and pain (39.1%), were common. In the last 3 months of life, 40.7% of residents underwent at least one burdensome intervention (hospitalization, emergency room visit, parenteral therapy, or tube feeding). Residents whose proxies had an understanding of the poor prognosis and clinical complications expected in advanced dementia were much less likely to have burdensome interventions in the last 3 months of life than were residents whose proxies did not have this understanding (adjusted odds ratio, 0.12; 95% confidence interval, 0.04 to 0.37). CONCLUSIONS: Pneumonia, febrile episodes, and eating problems are frequent complications in patients with advanced dementia, and these complications are associated with high 6-month mortality rates. Distressing symptoms and burdensome interventions are also common among such patients. Patients with health care proxies who have an understanding of the prognosis and clinical course are likely to receive less aggressive care near the end of life

Maladies cardio-vasculaires

sommaire

(112) GEERLINGS MI, APPELMAN AP, VINCKEN KL, MALI WP, *et al.* **Association of white matter lesions and lacunar infarcts with executive functioning: the SMART-MR study**. Am J Epidemiol. 2009 Nov. 1, vol. 170, n° 9, pp.1147-1155
http://dx.doi.org/10.1093/aje/kwp256 **(Accès réservé EHESP)**

The authors investigated the association of white matter lesions and lacunar infarcts with cognitive performance and whether brain atrophy mediates these associations. Within the Second Manifestations of Arterial Disease-Magnetic Resonance study (2001-2005, the Netherlands), cross-sectional analyses of 522 patients were performed (mean age, 57 years (standard deviation, 10); 76% male). Brain segmentation was used to quantify volumes of brain tissue, cerebrospinal fluid, and white matter lesions. Infarcts were rated visually. Brain volume, ventricular volume, and gray matter volume were divided by intracranial volume to obtain indicators of brain atrophy. Neuropsychological tests assessing executive functioning and memory were performed, and scores were transformed into z scores. The authors used linear regression analyses, adjusted for age, sex, education, intelligence, and vascular risk factors, to investigate the association of white matter lesions and number of lacunar infarcts with cognitive performance. A 1-standard-deviation higher volume of white matter lesions (beta = -0.12, 95% confidence interval: -0.20, -0.04) and the presence of >or=2 lacunar infarcts (beta = -0.48, 95% confidence interval: -0.87, -0.09) were associated with worse executive functioning. These associations remained after adjusting for brain atrophy. Both were not associated with worse memory. Results suggest that subcortical ischemic vascular lesions are associated with decreased executive functioning, but not with memory functioning, independent of brain atrophy

(113) KOIVISTO T, JAASKELAINEN JE. **Chronic subdural haematoma--to drain or not to drain?** Lancet. 2009 Sept. 26, vol. 374, n° 9695, pp.1040-1041
http://dx.doi.org/10.1016/S0140-6736(09)61682-2 **(Accès réservé EHESP)**

(114) THOMAS S, PHILLIPS P, HUGHES G. **CLOTS: an opportunity missed**. Lancet. 2009 Oct. 3, vol. 374, n° 9696, pp.1143-1144
http://dx.doi.org/10.1016/S0140-6736(09)61732-3 **(Accès réservé EHESP)**

(115) CARTER S. **Commentary: Facts, opinions and affaires du coeur**. Int J Epidemiol. 2009 Aug., vol. 38, n° 4, pp.914-916
http://dx.doi.org10.1093/ije/dyp232 **(Accès réservé EHESP)**

(116) ROTHSTEIN WG. **Commentary: Making risk factors more cost-effective predictors of disease**. Int J Epidemiol. 2009 Aug., vol. 38, n° 4, pp.911-913
http://dx.doi.org10.1093/ije/dyp231 **(Accès réservé EHESP)**

(117) KHURANA V, GAMBHIR IS, SRIVASTAVA A, KISHORE D. **Dizziness and collapse? It's a steal!** Lancet. 2009 Oct. 24, vol. 374, n° 9699, p.1472
http://dx.doi.org/10.1016/S0140-6736(09)61200-9 **(Accès réservé EHESP)**

(118) RIEWPAIBOON A, RIEWPAIBOON W, PONSOONGNERN K, VAN DEN BB. **Economic valuation of informal care in Asia: a case study of care for disabled stroke survivors in Thailand**. Soc Sci Med. 2009 Aug., vol. 69, n° 4, pp.648-653
http://dx.doi.org/10.1016/j.socscimed.2009.05.033 **(Accès réservé EHESP)**

This study values informal care for disabled stroke survivors in Thailand. It applies the conventional recommended opportunity cost method to value informal care in monetary terms. Data were collected by means of face-to-face interviews conducted during 2006. The sample consisted of 101 disabled persons who had suffered a stroke at least six months prior to the interview, and who had a functional status score of less than 95 as measured by the Barthel Index. Average monthly time spent on informal care was 94.6 hours, and the major source of opportunity cost was forgone unpaid work (43.5%). The average monthly monetary value of informal care was 4642.6 baht, based on 2006 prices. This study shows that providing informal care involves a substantial opportunity cost, implying a hidden value to Thai society

(119) MARMOT M. **Facts, opinions and affaires du couer. 1975**. Int J Epidemiol. 2009 Aug., vol. 38, n° 4, pp.903-907
http://dx.doi.org10.1093/ije/dyp234 **(Accès réservé EHESP)**

(120) YIANNAKOULIAS N, HILL MD, SVENSON LW. **Geographic hierarchies of diagnostic practice style in cerebrovascular disease**. Soc Sci Med. 2009 June, vol. 68, n° 11, pp.1985-1992
http://dx.doi.org/10.1016/j.socscimed.2009.02.042 **(Accès réservé EHESP)**

Diagnostic practice style describes the ways in which physicians diagnose information about disease. Like practice style effects in general, diagnostic practice style effects may emerge as the result of training, inter-personal relationships between professionals, medical enthusiasm for particular diagnoses and patient-physician interactions. In this study we analyze the ways in which patterns of diagnostic practice style associated with cerebrovascular disease varies at different socio-geographical scales in the province of Alberta, Canada. We use hierarchical linear models to partition a measure of diagnostic practice style into four levels of observation: the physician level, the facility level, the municipality level and the regional (census division) level. We model a variety of fixed effects related to physician attributes, their practice, the facilities they work in and the municipalities within which their facilities operate. Our results suggest that attributes related to physicians and the facilities and municipalities in which they work all contribute to patterns of diagnostic practice style. Physicians working in rural and urban municipalities have different practice style patterns even after controlling for the types of facilities they work in, their professional medical specialization and their workload. Similar to other research, our results reveal that physicians have different diagnostic practice styles with members of the same sex than members of the opposite sex. Geographic variations in diagnostic practice style may obscure changes in the epidemiology of cerebrovascular disease in rural communities, and provide indirect evidence that the quality and/or timeliness of diagnosis may be worse in rural Alberta

(121) RISNES KR, NILSEN TI, ROMUNDSTAD PR, VATTEN LJ. **Head size at birth and long-term mortality from coronary heart disease**. Int J Epidemiol. 2009 Aug., vol. 38, n° 4, pp.955-962
http://dx.doi.org10.1093/ije/dyp169 **(Accès réservé EHESP)**

BACKGROUND: Many studies have shown that low birthweight is associated with increased risk of heart disease in adulthood. It is controversial whether this association is caused by genetic or non-genetic factors, and whether life course exposures, such as adult overweight, could modify the association. We have studied the association of head circumference at birth with later deaths from coronary heart disease (CHD), and assessed whether maternal height and adult body mass could modify the association. METHODS: Population-based cohort study of 35,846 men and women born between 1920 and 1959 with mortality follow-up from 1961 to 2005. RESULTS: During follow-up, 630 people died from CHD and there was an inverse association of head circumference with deaths from CHD (Ptrend = 0.010). The association was modified by maternal height (Pinteraction = 0.01) and by adult body mass (Pinteraction = 0.05). People in the lowest third of head circumference, who had a tall mother or a high body mass index in adulthood, were at the highest risk of death from CHD. CONCLUSIONS: Head circumference at birth was inversely associated with deaths from CHD, and the combination of small head and tall mother, or small head and high adult body mass, was associated with the highest risk. These findings suggest that combined effects of genetic factors (growth potential and intrauterine growth) and non-genetic factors acting throughout the life course (intrauterine growth restriction and later weight gain) could mediate the effects of birth size on adult heart disease

(122) **Health and wealth in the Americas**. Lancet. 2009 Oct. 31, vol. 374, n° 9700, p.1474
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(123) KLEIN JP, RYTHER RC. **Images in clinical medicine. Central nervous system hemorrhage**. N Engl J Med. 2009 Oct. 29, vol. 361, n° 18, p.1786
http://dx.doi.org/10.1056/NEJMicm0900232 **(Accès réservé EHESP)**

(124) PETERSON ED. **Innovation and comparative-effectiveness research in cardiac surgery**. N Engl J Med. 2009 Nov. 5, vol. 361, n° 19, pp.1897-1899
http://dx.doi.org/10.1056/NEJMe0907887 **(Accès réservé EHESP)**

(125) CARNEY RM, FREEDLAND KE, RUBIN EH, RICH MW, *et al.* **Omega-3 augmentation of sertraline in treatment of depression in patients with coronary heart disease: a randomized controlled trial**. JAMA. 2009 Oct. 21, vol. 302, n° 15, pp.1651-1657
http://dx.doi.org/10.1001/jama.2009.1487 **(Accès réservé EHESP)**

CONTEXT: Studies of depressed psychiatric patients have shown that antidepressant efficacy can be increased by augmentation with omega-3 fatty acids. OBJECTIVE: To determine whether omega-3 improves the response to sertraline in patients with major depression and coronary heart disease (CHD). DESIGN, SETTING, AND PARTICIPANTS: Randomized controlled trial. Between May 2005 and December 2008, 122 patients in St Louis, Missouri, with major depression and CHD were randomized. INTERVENTIONS: After a 2-week run-in period, all patients were given 50 mg/d of sertraline and randomized in double-blind fashion to receive 2 g/d of omega-3 acid ethyl esters (930 mg of eicosapentaenoic acid [EPA] and 750 mg of docosahexaenoic acid [DHA]) (n=62) or to corn oil placebo capsules (n=60) for 10 weeks. MAIN OUTCOME MEASURES: Scores on the Beck Depression Inventory (BDI-II) and the Hamilton Rating Scale for Depression (HAM-D). RESULTS: Adherence to the medication regimen was 97% or more in both groups for both medications. There were no differences in weekly BDI-II scores (treatment x time interaction = 0.02; 95% confidence interval [CI], -0.33 to 0.36; t(112) = 0.11; P = .91), pre-post BDI-II scores (placebo, 14.8 vs omega-3, 16.1; 95% difference-in-means CI, -4.5 to 2.0; t(116) = -0.77; P = .44), or HAM-D scores (placebo, 9.4 vs omega-3, 9.3; 95% difference-in-means CI, -2.2 to 2.4; t(115) = 0.12; P = .90). The groups did not differ on predefined indicators of depression remission (BDI-II < or = 8: placebo, 27.4% vs omega-3, 28.3%; odds ratio [OR], 0.96; 95% CI, 0.43-2.15; t(113) = -0.11; P = .91) or response (> 50% reduction in BDI-II from baseline: placebo, 49.0% vs omega-3, 47.7%; OR, 1.06; 95% CI, 0.51-2.19; t(112) = 0.15; P = .88). CONCLUSIONS: Treatment of patients with CHD and major depression with sertraline and omega-3 fatty acids did not result in superior depression outcomes at 10 weeks, compared with sertraline and placebo. Whether higher doses of omega-3 or sertraline, a different ratio of EPA to DHA, longer treatment, or

omega-3 monotherapy can improve depression in patients with CHD remains to be determined. TRIAL REGISTRATION: clinicaltrials.gov Identifier: NCT00116857

(126) SHROYER AL, GROVER FL, HATTLER B, COLLINS JF, *et al.* **On-pump versus off-pump coronary-artery bypass surgery**. N Engl J Med. 2009 Nov. 5, vol. 361, n° 19, pp.1827-1837
http://dx.doi.org/10.1056/NEJMoa0902905 **(Accès réservé EHESP)**

BACKGROUND: Coronary-artery bypass grafting (CABG) has traditionally been performed with the use of cardiopulmonary bypass (on-pump CABG). CABG without cardiopulmonary bypass (off-pump CABG) might reduce the number of complications related to the heart-lung machine. METHODS: We randomly assigned 2203 patients scheduled for urgent or elective CABG to either on-pump or off-pump procedures. The primary short-term end point was a composite of death or complications (reoperation, new mechanical support, cardiac arrest, coma, stroke, or renal failure) before discharge or within 30 days after surgery. The primary long-term end point was a composite of death from any cause, a repeat revascularization procedure, or a nonfatal myocardial infarction within 1 year after surgery. Secondary end points included the completeness of revascularization, graft patency at 1 year, neuropsychological outcomes, and the use of major resources. RESULTS: There was no significant difference between off-pump and on-pump CABG in the rate of the 30-day composite outcome (7.0% and 5.6%, respectively; P=0.19). The rate of the 1-year composite outcome was higher for off-pump than for on-pump CABG (9.9% vs. 7.4%, P=0.04). The proportion of patients with fewer grafts completed than originally planned was higher with off-pump CABG than with on-pump CABG (17.8% vs. 11.1%, P<0.001). Follow-up angiograms in 1371 patients who underwent 4093 grafts revealed that the overall rate of graft patency was lower in the off-pump group than in the on-pump group (82.6% vs. 87.8%, P<0.01). There were no treatment-based differences in neuropsychological outcomes or short-term use of major resources. CONCLUSIONS: At 1 year of follow-up, patients in the off-pump group had worse composite outcomes and poorer graft patency than did patients in the on-pump group. No significant differences between the techniques were found in neuropsychological outcomes or use of major resources. (ClinicalTrials.gov number, NCT00032630.)

(127) BHATTACHARYYA S, KADDOURA S. **Perioperative safety and bariatric surgery**. N Engl J Med. 2009 Nov. 5, vol. 361, n° 19, p.1911
http://www.ncbi.nlm.nih.gov/pubmed/19911438 **(Accès réservé EHESP)**

(128) JABRE MG, SHAHIDI GA, BEJJANI BP. **Probable fluoxetine-induced carotidynia**. Lancet. 2009 Sept. 26, vol. 374, n° 9695, pp.1061-1062
http://dx.doi.org/10.1016/S0140-6736(09)61694-9 **(Accès réservé EHESP)**

(129) GOULD P. **Radiation overdose in 200 patients leads to FDA safety notice**. BMJ. 2009, vol. 339, p.b4217
http://www.ncbi.nlm.nih.gov/pubmed/19825965 **(Accès réservé EHESP)**

(130) VAN 'T HA, OTTERVANGER JP. **Routine early angioplasty after fibrinolysis**. N Engl J Med. 2009 Oct. 8, vol. 361, n° 15, pp.1508-1510
http://www.ncbi.nlm.nih.gov/pubmed/19824129 **(Accès réservé EHESP)**

(131) HORNER RD, DAY GM, LANIER AP, PROVOST EM, *et al.* **Stroke mortality among Alaska Native people**. Am J Public Health. 2009 Nov., vol. 99, n° 11, pp.1996-2000
http://dx.doi.org/10.2105/AJPH.2008.148221 **(Accès payant)**

OBJECTIVES: We aimed to describe the epidemiology of stroke among Alaska Natives, which is essential for designing effective stroke prevention and intervention efforts for this population. METHODS: We conducted an analysis of death certificate data for the state of Alaska for the period 1984 to 2003, comparing age-standardized stroke mortality rates among Alaska Natives residing in Alaska vs US Whites by age category, gender, stroke type, and time. RESULTS: Compared with US Whites, Alaska Natives had significantly elevated stroke mortality from 1994 to 2003 but not from 1984 to 1993. Alaska Native women of all age groups and Alaska Native men

younger than 45 years of age had the highest risk, although the rates for those younger than 65 years were statistically imprecise. Over the 20-year study period, the stroke mortality rate was stable for Alaska Natives but declined for US Whites. CONCLUSIONS: Stroke mortality is higher among Alaska Natives, especially women, than among US Whites. Over the past 20 years, there has not been a significant decline in stroke mortality among Alaska Natives

(132) SANTARIUS T, KIRKPATRICK PJ, GANESAN D, CHIA HL, *et al.* **Use of drains versus no drains after burr-hole evacuation of chronic subdural haematoma: a randomised controlled trial**. Lancet. 2009 Sept. 26, vol. 374, n° 9695, pp.1067-1073
http://dx.doi.org/10.1016/S0140-6736(09)61115-6 **(Accès réservé EHESP)**

BACKGROUND: Chronic subdural haematoma causes serious morbidity and mortality. It recurs after surgical evacuation in 5-30% of patients. Drains might reduce recurrence but are not used routinely. Our aim was to investigate the effect of drains on recurrence rates and clinical outcomes. METHODS: We did a randomised controlled trial at one UK centre between November, 2004, and November, 2007. 269 patients aged 18 years and older with a chronic subdural haematoma for burr-hole drainage were assessed for eligibility. 108 were randomly assigned by block randomisation to receive a drain inserted into the subdural space and 107 to no drain after evacuation. The primary endpoint was recurrence needing redrainage. The trial was stopped early because of a significant benefit in reduction of recurrence. Analyses were done on an intention-to-treat basis. This study is registered with the International Standard Randomised Controlled Trial Register (ISRCTN 97314294). FINDINGS: Recurrence occurred in ten of 108 (9.3%) people with a drain, and 26 of 107 (24%) without (p=0.003; 95% CI 0.14-0.70). At 6 months mortality was nine of 105 (8.6%) and 19 of 105 (18.1%), respectively (p=0.042; 95% CI 0.1-0.99). Medical and surgical complications were much the same between the study groups. INTERPRETATION: Use of a drain after burr-hole drainage of chronic subdural haematoma is safe and associated with reduced recurrence and mortality at 6 months. FUNDING: Academy of Medical Sciences, Health Foundation, and NIHR Biomedical Research Centre (Neurosciences Theme)

(133) KILKKINEN A, KNEKT P, ARO A, RISSANEN H, *et al.* **Vitamin D status and the risk of cardiovascular disease death**. Am J Epidemiol. 2009 Oct. 15, vol. 170, n° 8, pp.1032-1039
http://dx.doi.org/10.1093/aje/kwp227 **(Accès réservé EHESP)**

Accumulating evidence suggests that inadequate vitamin D levels may predispose people to chronic diseases. The authors aimed to investigate whether serum 25-hydroxyvitamin D (25(OH)D) level predicts mortality from cardiovascular disease (CVD). The study was based on the Mini-Finland Health Survey and included 6,219 men and women aged > or =30 years who were free from CVD at baseline (1978-1980). During follow-up through 2006, 640 coronary disease deaths and 293 cerebrovascular disease deaths were identified. Levels of 25(OH)D were determined from serum collected at baseline. Cox's proportional hazards model was used to assess the association between 25(OH)D and risk of CVD death. After adjustment for potential confounders, the hazard ratio for total CVD death was 0.76 (95% confidence interval (95% CI): 0.60, 0.95) for the highest quintile of 25(OH)D level versus the lowest. The association was evident for cerebrovascular death (hazard ratio = 0.48, 95% CI: 0.31, 0.75) but not coronary death (hazard ratio = 0.91, 95% CI: 0.70, 1.18). A low vitamin D level may be associated with higher risk of a fatal CVD event, particularly cerebrovascular death. These findings need to be replicated in other populations. To demonstrate a causal link between vitamin D and CVD, randomized controlled trials are required

Maladies liées à l'alcool

sommaire

(134) SCHEP LJ, SLAUGHTER RJ, VALE JA, BEASLEY DM. **A seaman with blindness and confusion**. BMJ. 2009, vol. 339, p.b3929
http://www.ncbi.nlm.nih.gov/pubmed/19793790 **(Accès réservé EHESP)**

(135) NORRIS AH, KITALI AJ, WORBY E. **Alcohol and transactional sex: how risky is the mix?** Soc Sci Med. 2009 Oct., vol. 69, n° 8, pp.1167-1176
http://dx.doi.org/10.1016/j.socscimed.2009.07.015 **(Accès réservé EHESP)**

This study examines alcohol use, transactional sex (TS), and sexually transmitted infection (STI) risk among sugar plantation residents near Moshi, Tanzania, from 2002 to 2004. We compare popular discourse gathered through ethnographic methods with cross-sectional questionnaire and STI prevalence data to illuminate the close correspondence of alcohol use and TS with STI transmission. People attributed to alcohol varied consequences: some socially desirable (relaxing, reducing worries) and others (drunkenness, removing shame) thought to put alcohol abusers at risk for STIs. TS-exchanging money, food, gifts, alcohol or work for sex-was not stigmatized, but people believed that seeking sexual partners for money (or providing money to sexual partners) led to riskier sexual relationships. We explore popular discourse about how alcohol use and TS independently and in combination led to increased STI exposure. Popular discourse blamed structural circumstances-limited economic opportunities, few social activities, separated families-for risky sex and STIs. To understand individual behavior and risk, we surveyed 556 people. We measured associations between their self-reported behaviors and infection with herpes simplex virus type-2 (HSV-2), syphilis, and HIV in 462 participants who were tested. Alcohol abuse was associated with prevalent STI and HIV infection. Exchanging sex for alcohol and work were both associated with prevalent STI. Participants who both abused alcohol and participated in TS had greatest risk for STI. Findings from the two analytic methods-interrogation of popular discourse, and association between self-reported behavior and STIs-were largely in agreement. We posit explanations for discrepancies we found through the concepts of sensationalization, self-exceptionalization, and the influence of an authoritative moral discourse

(136) MOHAMMED F. **Alcoholic hepatitis**. N Engl J Med. 2009 Oct. 8, vol. 361, n° 15, pp.1512-1513
http://dx.doi.org/10.1056/NEJMc091513 **(Accès réservé EHESP)**

(137) RONZANI TM, HIGGINS-BIDDLE J, FURTADO EF. **Stigmatization of alcohol and other drug users by primary care providers in Southeast Brazil**. Soc Sci Med. 2009 Oct., vol. 69, n° 7, pp.1080-1084
http://dx.doi.org/10.1016/j.socscimed.2009.07.026 **(Accès réservé EHESP)**

This study reports on the views of Primary Health Care (PHC) providers in Southeast Brazil on the use of alcohol and other drugs which reflect stigma, moralization, or negative judgment. Six hundred nine PHC professionals from the Brazilian states of Sao Paulo and Minas Gerais took part in the study. The majority (86.5%) of these professionals were female. Attitudes toward the use of alcohol and other drugs were evaluated in comparison to Hansen's disease, obesity, depression, schizophrenia, HIV/AIDS, and tobacco use. The use of tobacco, marijuana/cocaine, and alcohol were the most negatively judged behaviors ($p < 0.05$). Nursing assistants and community health care workers demonstrated the severest judgment of alcohol use. In addition, marijuana/cocaine addicts and alcoholics suffered the highest rate of rejection by professionals. The hypothesis that the use of alcohol and other drugs is a behavior stigmatized by health professionals being confirmed, it is important to develop strategies for changing provider attitudes in order to provide a higher quality of service to these patients. This study is important as a first study among PHC professionals about social stigma of alcohol and other drugs users

(138) MARCOS M, GOMEZ-MUNUERA M, PASTOR I, GONZALEZ-SARMIENTO R, *et al.* **Tumor necrosis factor polymorphisms and alcoholic liver disease: a HuGE review and meta-analysis**. Am J Epidemiol. 2009 Oct. 15, vol. 170, n° 8, pp.948-956
http://dx.doi.org/10.1093/aje/kwp236 **(Accès réservé EHESP)**

The association between alcoholic liver disease (ALD) and tumor necrosis factor-alpha gene (TNFA) polymorphisms has been analyzed in several studies, but results have been conflicting. The main purpose of this study was to integrate previous findings and explore whether these polymorphisms are associated with susceptibility to ALD. The authors surveyed studies on the relation between TNFA gene polymorphisms and ALD by means of an electronic database

search. A meta-analysis was conducted in a random-effects model. The association between ALD and the -238G>A or -308G>A polymorphism of the TNFA gene has been analyzed in 11 studies. Concerning the -238G>A polymorphism, the authors found a significant association between possession of the A allele and risk of alcoholic liver cirrhosis (odds ratio = 1.47, 95% confidence interval: 1.05, 2.07). Meta-analysis of the relation between the -308G>A polymorphism and ALD did not show any significant association. Given the limited number of studies and the potential biases, more data are needed to confirm the association described for the -238A allele

(139) CAAN W. **Unemployment and suicide: is alcohol the missing link?** Lancet. 2009 Oct. 10, vol. 374, n° 9697, pp.1241-1242
http://dx.doi.org/10.1016/S0140-6736(09)61787-6 **(Accès réservé EHESP)**

Paludisme

sommaire

(140) MOSZYNSKI P. **African leaders join forces to boost fight against malaria**. BMJ. 2009, vol. 339, p.b3970
http://www.ncbi.nlm.nih.gov/pubmed/19786488 **(Accès réservé EHESP)**

(141) HTUT ZW. **Artemisinin resistance in Plasmodium falciparum malaria**. N Engl J Med. 2009 Oct. 29, vol. 361, n° 18, pp.1807-1808
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(142) TAYLOR SM, JULIANO JJ, MESHNICK SR. **Artemisinin resistance in Plasmodium falciparum malaria**. N Engl J Med. 2009 Oct. 29, vol. 361, n° 18, p.1807
http://dx.doi.org/10.1056/NEJMc091737 **(Accès réservé EHESP)**

(143) MULLER O, SIE A, MEISSNER P, SCHIRMER RH, *et al.* **Artemisinin resistance on the Thai-Cambodian border**. Lancet. 2009 Oct. 24, vol. 374, n° 9699, p.1419
http://dx.doi.org/10.1016/S0140-6736(09)61857-2 **(Accès réservé EHESP)**

(144) YEUNG S, SOCHEAT D, MOORTHY VS, MILLS AJ. **Artemisinin resistance on the Thai-Cambodian border**. Lancet. 2009 Oct. 24, vol. 374, n° 9699, pp.1418-1419
http://dx.doi.org/10.1016/S0140-6736(09)61856-0 **(Accès réservé EHESP)**

(145) TALISUNA A, GREWAL P, RWAKIMARI JB, MUKASA S, *et al.* **Cost is killing patients: subsidising effective antimalarials**. Lancet. 2009 Oct. 10, vol. 374, n° 9697, pp.1224-1226
http://dx.doi.org/10.1016/S0140-6736(09)61767-0 **(Accès réservé EHESP)**

(146) APONTE JJ, SCHELLENBERG D, EGAN A, BRECKENRIDGE A, *et al.* **Efficacy and safety of intermittent preventive treatment with sulfadoxine-pyrimethamine for malaria in African infants: a pooled analysis of six randomised, placebo-controlled trials**. Lancet. 2009 Oct. 31, vol. 374, n° 9700, pp.1533-1542
http://dx.doi.org/10.1016/S0140-6736(09)61258-7 **(Accès réservé EHESP)**

BACKGROUND: Intermittent preventive treatment (IPT) is a promising strategy for malaria control in infants. We undertook a pooled analysis of the safety and efficacy of IPT in infants (IPTi) with sulfadoxine-pyrimethamine in Africa. METHODS: We pooled data from six double-blind, randomised, placebo-controlled trials (undertaken one each in Tanzania, Mozambique, and Gabon, and three in Ghana) that assessed the efficacy of IPTi with sulfadoxine-pyrimethamine. In all trials, IPTi or placebo was given to infants at the time of routine vaccinations delivered by WHO's Expanded Program on Immunization. Data from the trials for incidence of clinical malaria, risk of anaemia (packed-cell volume <25% or haemoglobin <80 g/L), and incidence of hospital admissions and adverse events in infants up to 12 months of age were reanalysed by use of standard outcome definitions and time periods. Analysis was by modified intention to treat,

including all infants who received at least one dose of IPTi or placebo. FINDINGS: The six trials provided data for 7930 infants (IPTi, n=3958; placebo, n=3972). IPTi had a protective efficacy of 30.3% (95% CI 19.8-39.4, p<0.0001) against clinical malaria, 21.3% (8.2-32.5, p=0.002) against the risk of anaemia, 38.1% (12.5-56.2, p=0.007) against hospital admissions associated with malaria parasitaemia, and 22.9% (10.0-34.0, p=0.001) against all-cause hospital admissions. There were 56 deaths in the IPTi group compared with 53 in the placebo group (rate ratio 1.05, 95% CI 0.72-1.54, p=0.79). One death, judged as possibly related to IPTi because it occurred 19 days after a treatment dose, was subsequently attributed to probable sepsis. Four of 676 non-fatal hospital admissions in the IPTi group were deemed related to study treatment compared with five of 860 in the placebo group. None of three serious dermatological adverse events in the IPTi group were judged related to study treatment compared with one of 13 in the placebo group. INTERPRETATION: IPTi with sulfadoxine-pyrimethamine was safe and efficacious across a range of malaria transmission settings, suggesting that this intervention is a useful contribution to malaria control. FUNDING: Bill & Melinda Gates Foundation

(147) MCGREADY R. **Intermittent preventive treatment of malaria in infancy**. Lancet. 2009 Oct. 31, vol. 374, n° 9700, pp.1478-1480
http://dx.doi.org/10.1016/S0140-6736(09)61629-9 **(Accès réservé EHESP)**

(148) KILAMA W, NTOUMI F. **Malaria: a research agenda for the eradication era**. Lancet. 2009 Oct. 31, vol. 374, n° 9700, pp.1480-1482
http://dx.doi.org/10.1016/S0140-6736(09)61884-5 **(Accès réservé EHESP)**

(149) EATON L. **Mefloquine has more adverse effects than other drugs for malaria prophylaxis**. BMJ. 2009, vol. 339, p.b4167
http://www.ncbi.nlm.nih.gov/pubmed/19825970 **(Accès réservé EHESP)**

(150) GOSLING RD, GESASE S, MOSHA JF, CARNEIRO I, *et al.* **Protective efficacy and safety of three antimalarial regimens for intermittent preventive treatment for malaria in infants: a randomised, double-blind, placebo-controlled trial**. Lancet. 2009 Oct. 31, vol. 374, n° 9700, pp.1521-1532
http://dx.doi.org/10.1016/S0140-6736(09)60997-1 **(Accès réservé EHESP)**

BACKGROUND: Administration of sulfadoxine-pyrimethamine at times of vaccination-intermittent preventive treatment in infants (IPTi)-is a promising strategy to prevent malaria. However, rising resistance to this combination is a concern. We investigated a shortacting and longacting antimalarial drug as alternative regimens for IPTi. METHODS: We undertook a double-blind, placebo-controlled trial of IPTi in an area of high resistance to sulfadoxine-pyrimethamine at sites of moderate (n=1280 infants enrolled) and low (n=1139) intensity of malaria transmission in Tanzania. Infants aged 8-16 weeks were randomly assigned in blocks of 16 to sulfadoxine (250 mg) plus pyrimethamine (12.5 mg; n=319 in moderate-transmission and 283 in low-transmission sites), chlorproguanil (15 mg) plus dapsone (18.75 mg; n=317 and 285), mefloquine (125 mg; n=320 and 284), or placebo (n=320 and 284), given at the second and third immunisations for diphtheria, pertussis, and tetanus, and for measles. Research team and child were masked to treatment. Recruitment was stopped early at the low-transmission site because of low malaria incidence. The primary endpoint was protective efficacy against all episodes of clinical malaria at 2-11 months of age. Analysis was by intention to treat. This study is registered with ClinicalTrials.gov, number NCT00158574. FINDINGS: All randomly assigned infants were analysed. At the moderate-transmission site, mefloquine had a protective efficacy of 38.1% (95% CI 11.8-56.5, p=0.008) against clinical malaria in infants aged 2-11 months, but neither sulfadoxine-pyrimethamine (-6.7%, -45.9 to 22.0) nor chlorproguanil-dapsone (10.8%, -24.6 to 36.1) had a protective effect. No regimen had any protective efficacy against anaemia or hospital admission. Mefloquine caused vomiting in 141 of 1731 (8%) doses given on day 1 (odds ratio vs placebo 5.50, 95% CI 3.56-8.46). More infants died in the chlorproguanil-dapsone and mefloquine groups (18 and 15, respectively) than in the sulfadoxine-pyrimethamine or placebo groups (eight deaths per group; p=0.05 for difference between chlorproguanil-dapsone and placebo). INTERPRETATION: IPTi with a longacting, efficacious drug such as mefloquine can reduce

episodes of malaria in infants in a moderate-transmission setting. IPTi with sulfadoxine-pyrimethamine has no benefit in areas of very high resistance to this combination. The appropriateness of IPTi should be measured by the expected incidence of malaria and the efficacy, tolerability, and safety of the drug. FUNDING: IPTi Consortium and the Gates Malaria Partnership

Pathologies liées à l'obésité

sommaire

(151) OWEN-SMITH A, COAST J, DONOVAN J. **"I can see where they're coming from, but when you're on the end of it ... you just want to get the money and the drug.": explaining reactions to explicit healthcare rationing**. Soc Sci Med. 2009 June, vol. 68, n° 11, pp.1935-1942
http://dx.doi.org/10.1016/j.socscimed.2009.03.024 **(Accès réservé EHESP)**

The traditional pattern of implicit and unacknowledged rationing in the UK National Health Service (NHS) is beginning to change. The advent of the National Institute for Health and Clinical Excellence (NICE), widespread use of the Internet, and the media interest in healthcare rationing means that patients are increasingly likely to be knowledgeable about their healthcare, and to learn that treatments are not available for financial reasons. However, lack of empirical research in this area means that how patients react to explicit rationing is unknown, and thus its outcomes are largely the matter of conjecture. This paper presents results from a UK qualitative interview study with patients who have experienced rationing associated with morbid obesity or breast cancer care, and related NHS managers and clinicians. In total, 31 patients and 21 healthcare professionals were interviewed, although only 21 patients knew that their treatment had been subject to rationing. Purposive and theoretical sampling methods were used to ensure a diverse sample of patients, and data were analysed using methods of constant comparison. Patients had a choice about whether to accept explicit rationing decisions, protest against them, or pay for private care. However, the accounts of many patients showed there was a gulf between their general views around the necessity of rationing and how they said they would react to such decisions in theory, and how they stated they actually reacted when faced with shortages affecting their own treatment. Among the most important factors affecting how patients reacted to rationing were their sense of entitlement to NHS care, and the attitude of the clinical team providing treatment. The findings suggest that patients need to be provided with sufficient information and support to make an informed decision following the revelation of rationing, and that clinicians need training to assist them in communicating rationing decisions

(152) SUN Q, TOWNSEND MK, OKEREKE OI, FRANCO OH, *et al.* **Adiposity and weight change in mid-life in relation to healthy survival after age 70 in women: prospective cohort study**. BMJ. 2009, vol. 339, p.b3796
http://www.ncbi.nlm.nih.gov/pubmed/19789407 **(Accès réservé EHESP)**

OBJECTIVE: To examine the hypothesis that mid-life adiposity is associated with a reduced probability of maintaining an optimal health status among those who survive to older ages. DESIGN: Prospective cohort study. SETTING: The Nurses' Health Study, United States. PARTICIPANTS: 17,065 women who survived until at least the age of 70, provided information on occurrence of chronic disease, cognitive function, physical function, and mental health at older ages, and were free from major chronic diseases at mid-life (mean age was 50 at baseline in 1976). MAIN OUTCOME MEASURES: Healthy survival to age 70 and over was defined as having no history of 11 major chronic diseases and having no substantial cognitive, physical, or mental limitations. RESULTS: Of the women who survived until at least age 70, 1686 (9.9%) met our criteria for healthy survival. Increased body mass index (BMI) at baseline was significantly associated with linearly reduced odds of healthy survival compared with usual survival, after adjustment for various lifestyle and dietary variables (P<0.001 for trend). Compared with lean women (BMI 18.5-22.9), obese women (BMI >or=30) had 79% lower odds of healthy survival (odds ratio 0.21, 95% confidence interval 0.15 to 0.29). In addition, the more weight gained from

age 18 until mid-life, the less likely was healthy survival after the age of 70. The lowest odds of healthy survival were among women who were overweight (BMI >or=25) at age 18 and gained >or=10 kg weight (0.18, 0.09 to 0.36), relative to women who were lean (BMI 18.5-22.9) and maintained a stable weight. CONCLUSIONS: These data provide evidence that adiposity in mid-life is strongly related to a reduced probability of healthy survival among women who live to older ages, and emphasise the importance of maintaining a healthy weight from early adulthood

(153) MITKA M. **AHA: added sugar not so sweet**. JAMA. 2009 Oct. 28, vol. 302, n° 16, pp.1741-1742
http://dx.doi.org/10.1001/jama.2009.1534 **(Accès réservé EHESP)**

(154) VERNAY M, MALON A, OLEKO A, SALANAVE B, *et al.* **Association of socioeconomic status with overall overweight and central obesity in men and women: the French Nutrition and Health Survey 2006**. BMC Public Health. 2009, vol. 9, p.215
http://dx.doi.org/1471-24510.1186/1471-2458-9-215 **(Accès libre)**

BACKGROUND: Identification of subpopulations at high risk of overweight and obesity is crucial for prevention and management of obesity in different socioeconomic status (SES) categories. The objective of the study was to describe disparities in the prevalence of overweight and obesity across socioeconomic status (SES) groups in 18-74 year-old French adults. METHODS: Analyses were based on a multistage stratified random sample of non-institutionalized adults aged 18-74-years-old from the French Nutrition and Health Survey (ENNS), a cross-sectional national survey carried out in 2006/2007. Collected data included measured anthropometry (weight, height and waist circumference (WC)), demographic and SES data (occupation, education and frequency of holiday trips as a marker of family income). SES factors associated with overweight (BMI > or = 25) and central obesity (WC above gender-specific references) were identified using multiple logistic regression. RESULTS: Almost half (49.3%) of French adults were overweight or obese and 16.9% were obese. In men, the risk of overall overweight or obesity was associated with occupation ($p < 0.05$), whereas the risk of central obesity was independently associated with occupation ($p < 0.05$) and frequency of holiday trips ($p < 0.01$). In women, both overall and central overweight and obesity were independently associated with educational level (respectively $p < 10(-3)$ and $p < 10(-3)$) and frequency of holiday trips (respectively $p < 0.05$ and $p < 10-3$). CONCLUSION: The prevalence of overweight and obesity was found to be similar to that of several neighbouring western European countries, and lower than the UK and eastern Europe. Risk of being overweight or obese varied across SES groups both in men and women, but associations were different between men and women, indicating differing determinants

(155) FRAYLING TM. **Commentary: A new dawn for genetic epidemiology?** Int J Epidemiol. 2009 Aug., vol. 38, n° 4, pp.975-977
http://dx.doi.org10.1093/ije/dyp228 **(Accès réservé EHESP)**

(156) POWLES J. **Commentary: Why diets need to change to avert harm from global warming**. Int J Epidemiol. 2009 Aug., vol. 38, n° 4, pp.1141-1142
http://dx.doi.org10.1093/ije/dyp247 **(Accès réservé EHESP)**

(157) KIVIMAKI M, LAWLOR DA, SINGH-MANOUX A, BATTY GD, *et al.* **Common mental disorder and obesity: insight from four repeat measures over 19 years: prospective Whitehall II cohort study**. BMJ. 2009, vol. 339, p.b3765
http://www.ncbi.nlm.nih.gov/pubmed/19808765 **(Accès réservé EHESP)**

OBJECTIVES: To examine potential reciprocal associations between common mental disorders and obesity, and to assess whether dose-response relations exist. DESIGN: Prospective cohort study with four measures of common mental disorders and obesity over 19 years (Whitehall II study). SETTING: Civil service departments in London. PARTICIPANTS: 4363 adults (28% female, mean age 44 years at baseline). MAIN OUTCOME: Common mental disorder defined as general health questionnaire "caseness;" overweight and obesity based on Word Health Organization definitions. RESULTS: In models adjusted for age, sex, and body mass index at baseline, odds ratios for obesity at the fourth screening were 1.33 (95% confidence interval 1.00

to 1.77), 1.64 (1.13 to 2.36), and 2.01 (1.21 to 3.34) for participants with common mental disorder at one, two, or three preceding screenings compared with people free from common mental disorder (P for trend<0.001). The corresponding mean differences in body mass index at the most recent screening were 0.20, 0.31, and 0.50 (P for trend<0.001). These associations remained after adjustment for baseline characteristics related to mental health and exclusion of participants who were obese at baseline. In addition, obesity predicted future risk of common mental disorder, again with evidence of a dose-response relation (P for trend=0.02, multivariable model). However, this association was lost when people with common mental disorder at baseline were excluded (P for trend=0.33). CONCLUSIONS: These findings suggest that in British adults the direction of association between common mental disorders and obesity is from common mental disorder to increased future risk of obesity. This association is cumulative such that people with chronic or repeat episodes of common mental disorder are particularly at risk of weight gain

(158) GOLLUST SE, LANTZ PM. **Communicating population health: print news media coverage of type 2 diabetes**. Soc Sci Med. 2009 Oct., vol. 69, n° 7, pp.1091-1098
http://dx.doi.org/10.1016/j.socscimed.2009.07.009 **(Accès réservé EHESP)**

The public learns much about health and health policy from the news media. The news media can shape the public's opinions about issues by emphasizing certain features in their coverage, such as the causes of a problem, who is responsible for addressing it, and what groups are affected. This study examines media framing of the problem of type 2 diabetes, focusing on the extent to which the news media discuss diabetes using features that characterize a population health orientation (mentioning social determinants, upstream interventions, or disparities). We collected data from 698 print news articles appearing in 19 U.S. newspapers between 2005 and 2006. Results demonstrate that the predominant explanation for type 2 diabetes was behavioral factors and obesity. The predominant strategy to address diabetes was individualized behavior changes and medical care. A minority of articles described the social determinants of diabetes, upstream policy solutions, and disparities in diabetes; such articles appeared in a select subset of news outlets. These findings suggest the potential for great variability in public awareness of disparities in diabetes or its social determinants, with implications for the public's likelihood of supporting policies that may improve population health

(159) BHOPAL RS, RAFNSSON SB. **Could mitochondrial efficiency explain the susceptibility to adiposity, metabolic syndrome, diabetes and cardiovascular diseases in South Asian populations?** Int J Epidemiol. 2009 Aug., vol. 38, n° 4, pp.1072-1081
http://dx.doi.org10.1093/ije/dyp202 **(Accès réservé EHESP)**

BACKGROUND: South Asians are susceptible to cardiovascular disease (CVD), especially after migration to affluent countries. Contributing factors include high prevalence of diabetes, and possibly insulin resistance. Excess adiposity centrally may underlie such metabolic disturbances. The thrifty genotype, thrifty phenotype, adipose tissue compartment and variable disease selection hypotheses are among the explanations posed. METHODS: Data from individual studies and review articles known to the authors were examined. A Medline bibliographic database search was also performed. Reference lists were reviewed to identify additional relevant data sources. Key references were examined by both authors. RESULTS: We propose, and evaluate, the evidence for a 'mitochondrial efficiency hypothesis' i.e. that ancestral changes in mitochondrial coupling efficiency enhanced the successful adaptation of South Asians to environmental stressors by maximizing the conversion of energy to adenosine triphosphate (ATP) rather than heat. This adaptation may be disadvantageous when South Asians are physically inactive and consume high-caloric diets. There is evidence that common mitochondrial mutations vary geographically. Mutations, including those affecting the function of mitochondrial uncoupling proteins (UCPs), may influence the balance of energy and heat production. These may influence basal metabolic rate (BMR), energy efficiency, the tendency to gain weight and hence metabolic disease. UCP gene polymorphisms are related to differences in BMR between African-Americans and Europeans. Similar data for South Asians are lacking but the few studies comparing BMR indicate that South Asians have a lower BMR, which is explained by a lower lean body mass, and higher fat mass. Once adjusted for body composition, BMR is similar. A high fat mass, per se, is a

strategy for reducing energy use while conserving body size. Indians in the USA had higher oxidative phosphorylation capacity than Northern European Americans. CONCLUSION: The evidence justifies full exploration of this mitochondrial efficiency hypothesis in South Asians, which may also be relevant to other warm-climate adapted populations

(160) TUCHMAN A. **Diabetes and the public's health**. Lancet. 2009 Oct. 3, vol. 374, n° 9696, pp.1140-1141
http://www.ncbi.nlm.nih.gov/pubmed/19810203 **(Accès réservé EHESP)**

(161) ARKES J. **How the economy affects teenage weight**. Soc Sci Med. 2009 June, vol. 68, n° 11, pp.1943-1947
http://dx.doi.org/10.1016/j.socscimed.2009.03.021 **(Accès réservé EHESP)**

Much research has focused on the proximate determinants of weight gain and obesity for adolescents, but not much information has emerged on identifying which adolescents might be at risk or on prevention. This research focuses on a distal determinant of teenage weight gain, namely changes in the economy, which may help identify geographical areas where adolescents may be at risk and may provide insights into the mechanisms by which adolescents gain weight. This study uses a nationally representative sample of individuals, between 15 and 18 years old from the 1997 US National Longitudinal Survey of Youth, to estimate a model with state and year fixed effects to examine how within-state changes in the unemployment rate affect four teenage weight outcomes: an age- and gender-standardized percentile in the body-mass-index distribution and indicators for being overweight, obese, and underweight. I found statistically significant estimates, indicating that females gain weight in weaker economic periods and males gain weight in stronger economic periods. Possible causes for the contrasting results across gender include, among other things, differences in the responsiveness of labor market work to the economy and differences in the types of jobs generally occupied by female and male teenagers

(162) EBRAHIM S. **Ideology with evidence: global warming, maps and ethics**. Int J Epidemiol. 2009 Aug., vol. 38, n° 4, pp.894-896
http://www.ncbi.nlm.nih.gov/pubmed/19658256 **(Accès réservé EHESP)**

(163) BRENNAN P, MCKAY J, MOORE L, ZARIDZE D, *et al.* **Obesity and cancer: Mendelian randomization approach utilizing the FTO genotype**. Int J Epidemiol. 2009 Aug., vol. 38, n° 4, pp.971-975
http://dx.doi.org10.1093/ije/dyp162 **(Accès réservé EHESP)**

BACKGROUND: Obesity is a risk factor for several cancers although appears to have an inverse association with cancers strongly related to tobacco. Studying obesity is difficult due to numerous biases and confounding. METHODS: To avoid these biases we used a Mendelian randomization approach incorporating an analysis of variants in the FTO gene that are strongly associated with BMI levels among 7000 subjects from a study of lung, kidney and upper-aerodigestive cancer. RESULTS: The FTO A allele which is linked with increased BMI was associated with a decreased risk of lung cancer (allelic odds ratio (OR) = 0.92, 95% confidence interval (CI) 0.84-1.00). It was also associated with a weak increased risk of kidney cancer, which was more apparent before the age of 50 (OR = 1.44, CI 1.09-1.90). CONCLUSION: Our results highlight the potential for genetic variation to act as an unconfounded marker of environmentally modifiable factors, and offer the potential to obtain estimates of the causal effect of obesity. However, far larger sample sizes than studied here will be required to undertake this with precision

(164) ATLANTIS E, GOLDNEY RD, WITTERT GA. **Obesity and depression or anxiety**. BMJ. 2009, vol. 339, p.b3868
http://www.ncbi.nlm.nih.gov/pubmed/19808767 **(Accès réservé EHESP)**

(165) GOLDSTEIN MR, MASCITELLI L, PEZZETTA F. **Obesity and survival among patients with pancreatic cancer**. JAMA. 2009 Oct. 28, vol. 302, n° 16, pp.1752-1753
http://dx.doi.org/10.1001/jama.2009.1510 **(Accès réservé EHESP)**

(166) BHATTACHARYYA S, KADDOURA S. **Perioperative safety and bariatric surgery**. N Engl J Med. 2009 Nov. 5, vol. 361, n° 19, p.1911
http://www.ncbi.nlm.nih.gov/pubmed/19911438 **(Accès réservé EHESP)**

(167) EDWARDS P, ROBERTS I. **Population adiposity and climate change**. Int J Epidemiol. 2009 Aug., vol. 38, n° 4, pp.1137-1140
http://dx.doi.org10.1093/ije/dyp172 **(Accès réservé EHESP)**

BACKGROUND: The increasing global prevalence of overweight and obesity has serious implications for the environment, as well as for health. We estimate the impact on greenhouse gas emissions of increases in the population distribution of body mass index (BMI). METHODS: We estimated the food energy required to maintain basal metabolic rate in two hypothetical adult populations using the Schofield equations for males and females. Additional greenhouse gas emissions due to higher fuel energy use for transporting a heavier population were estimated. RESULTS: Compared with a normal population distribution of BMI, a population with 40% obese requires 19% more food energy for its total energy expenditure. Greenhouse gas emissions from food production and car travel due to increases in adiposity in a population of 1 billion are estimated to be between 0.4 Giga tonnes (GT) and 1.0 GT of carbon dioxide equivalents per year. CONCLUSIONS: The maintenance of a healthy BMI has important environmental benefits in terms of lower greenhouse gas emissions

(168) SHELTON NJ. **Regional risk factors for health inequalities in Scotland and England and the "Scottish effect"**. Soc Sci Med. 2009 Sept., vol. 69, n° 5, pp.761-767
http://dx.doi.org/10.1016/j.socscimed.2009.06.044 **(Accès réservé EHESP)**

This paper uses data from the Scottish Health Survey 2003 and the comparable Health Survey for England 2003 to look at whether Scotland's poor health image and mortality profile is reflected in regional inequalities in prevalence of four risk factors for cardiovascular disease: fruit and vegetable consumption, smoking, obesity and diabetes. It also looks at the "Scottish effect" - how much of any difference between and within Scotland and England remains once socio-demographic factors have been taken in to account. The paper then uses regional analyses to determine the extent to which areas within England and Scotland contribute to their national health advantage and disadvantage. All 2003 strategic health authorities in England and Scottish health boards were compared with Greater Glasgow health board as the reference category. The results showed that significant geographic variation in the risk factors remained once individual economic status was taken into account, but the relationship was complex and varied in strength and direction depending upon risk factor involved and gender of respondent. A small number of areas had significantly lower odds of fruit and vegetable consumption of five portions or more a day in men, compared with Greater Glasgow. In contrast some areas had significantly higher odds of fruit and vegetable consumption for women compared with Greater Glasgow. There was greater geographic variation in the odds of smoking in women than in men. Respondents in the south west and southeast of England (areas which usually show health advantage) did not show significantly lower odds of smoking compared with Greater Glasgow once socio-economic variation, age and urban residence was taken into account. It was respondents from central England that had lower odds of smoking than might be expected. Obesity stood out as the single risk factor that had demonstrated a "Scottish effect" in women only

(169) JONES ND. **Surgery for obesity. No funding for NICE treatment**. BMJ. 2009, vol. 339, p.b4177
http://www.ncbi.nlm.nih.gov/pubmed/19822613 **(Accès réservé EHESP)**

(170) GOLDMAN DP, ZHENG Y, GIROSI F, MICHAUD PC, *et al.* **The benefits of risk factor prevention in Americans aged 51 years and older**. Am J Public Health. 2009 Nov., vol. 99, n° 11, pp.2096-2101
http://dx.doi.org/10.2105/AJPH.2009.172627 **(Accès payant)**

OBJECTIVES: We assessed the potential health and economic benefits of reducing common risk

factors in older Americans. METHODS: A dynamic simulation model tracked a national cohort of persons 51 and 52 years of age to project their health and medical spending in prevention scenarios for diabetes, hypertension, obesity, and smoking. RESULTS: The gain in life span from successful treatment of a person aged 51 or 52 years for obesity would be 0.85 years; for hypertension, 2.05 years; and for diabetes, 3.17 years. A 51- or 52-year-old person who quit smoking would gain 3.44 years. Despite living longer, those successfully treated for obesity, hypertension, or diabetes would have lower lifetime medical spending, exclusive of prevention costs. Smoking cessation would lead to increased lifetime spending. We used traditional valuations for a life-year to calculate that successful treatments would be worth, per capita, $198,018 (diabetes), $137,964 (hypertension), $118,946 (smoking), and $51,750 (obesity). CONCLUSIONS: Effective prevention could substantially improve the health of older Americans, and--despite increases in longevity--such benefits could be achieved with little or no additional lifetime medical spending

(171) EDWARDS KL, CLARKE GP. **The design and validation of a spatial microsimulation model of obesogenic environments for children in Leeds, UK: SimObesity**. Soc Sci Med. 2009 Oct., vol. 69, n° 7, pp.1127-1134
http://dx.doi.org/10.1016/j.socscimed.2009.07.037 **(Accès réservé EHESP)**

Obesogenic environments are a major explanation for the rapidly increasing prevalence in obesity. Investigating the relationship between obesity and obesogenic variables at the micro-level will increase our understanding about local differences in risk factors for obesity. SimObesity is a spatial microsimulation model designed to create micro-level estimates of obesogenic environment variables in the city of Leeds in the UK: consisting of a plethora of health, environment, and socio-economic variables. It combines individual micro-data from two national surveys with a coarse geography, with geographically finer scaled data from the 2001 UK Census, using a reweighting deterministic algorithm. This creates a synthetic population of individuals/households in Leeds with attributes from both the survey and census datasets. Logistic regression analyses identify suitable constraint variables to use. The model is validated using linear regression and equal variance t-tests. Height, weight, age, gender, and residential postcode data were collected on children aged 3-13 years in the Leeds metropolitan area, and obesity described as above the 98th centile for the British reference dataset. Geographically weighted regression is used to investigate the relationship between different obesogenic environments and childhood obesity. Validation shows that the small-area estimates were robust. The different obesogenic environments, as well as the parameter estimates from the corresponding local regression analyses, are mapped, all of which demonstrate non-stationary relationships. These results show that social capital and poverty are strongly associated with childhood obesity. This paper demonstrates a methodology to estimate health variables at the small-area level. The key to this technique is the choice of the model's input variables, which must be predictors for the output variables; this factor has not been stressed in other spatial microsimulation work. It also provides further evidence for the existence of obesogenic environments for children

SIDA

sommaire

(172) BHANA D. **"AIDS is rape!" gender and sexuality in children's responses to HIV and AIDS**. Soc Sci Med. 2009 Aug., vol. 69, n° 4, pp.596-603
http://dx.doi.org/10.1016/j.socscimed.2009.06.010 **(Accès réservé EHESP)**

This paper examines young African school children's understanding of HIV and AIDS. Based on focus group interviews with children aged 7-8 in KwaZulu-Natal province, South Africa, it explores the ways in which gender and sexuality feature in their responses to the disease. Data were collected between 2003 and 2004 through 26 focus groups involving 55 boys and 64 girls. The paper argues that younger children are active agents in giving meaning to the disease. Their agency is negotiated within complex social processes involving sexual violence, highly unequal gender/age inequalities, but also sexual expression. Those expressions are subsumed however

under a regime of violence and fear catapulting men, albeit with contestation, as chief vectors in the spread of the disease and a source of girls' anxieties. Children's responses to the disease are the effects of material, symbolic and discursive forces effectively constraining the opportunities available to them and creating patterns of vulnerability especially for young girls. Interventions aimed at scaling up efforts to address young children responses to the disease must be situated in parallel efforts to end poverty, sexual violence and pervasive gender inequalities in order to foster more comprehensively the exercise of young children's agency

(173) KALICHMAN AO, DINIZ SG. **AIDS treatment in Brazil: what kind of evidence do we need?** Lancet. 2009 Sept. 26, vol. 374, n° 9695, p.1066
http://dx.doi.org/10.1016/S0140-6736(09)61705-0 **(Accès réservé EHESP)**

(174) WALKER LM, PHOGAT SK, CHAN-HUI PY, WAGNER D, *et al.* **Broad and potent neutralizing antibodies from an African donor reveal a new HIV-1 vaccine target**. Science. 2009 Oct. 9, vol. 326, n° 5950, pp.285-289
http://dx.doi.org/10.1126/science.1178746 **(Accès réservé EHESP)**

Broadly neutralizing antibodies (bNAbs), which develop over time in some HIV-1-infected individuals, define critical epitopes for HIV vaccine design. Using a systematic approach, we have examined neutralization breadth in the sera of about 1800 HIV-1-infected individuals, primarily infected with non-clade B viruses, and have selected donors for monoclonal antibody (mAb) generation. We then used a high-throughput neutralization screen of antibody-containing culture supernatants from about 30,000 activated memory B cells from a clade A-infected African donor to isolate two potent mAbs that target a broadly neutralizing epitope. This epitope is preferentially expressed on trimeric Envelope protein and spans conserved regions of variable loops of the gp120 subunit. The results provide a framework for the design of new vaccine candidates for the elicitation of bNAb responses

(175) WILFERT C. **Catherine Wilfert**. Lancet. 2009 Oct. 31, vol. 374, n° 9700, p.1493
http://dx.doi.org/10.1016/S0140-6736(09)61893-6 **(Accès réservé EHESP)**

(176) CLUVER L, ORKIN M. **Cumulative risk and AIDS-orphanhood: interactions of stigma, bullying and poverty on child mental health in South Africa**. Soc Sci Med. 2009 Oct., vol. 69, n° 8, pp.1186-1193
http://dx.doi.org/10.1016/j.socscimed.2009.07.033 **(Accès réservé EHESP)**

Research shows that AIDS-orphaned children are more likely to experience clinical-range psychological problems. Little is known about possible interactions between factors mediating these high distress levels. We assessed how food insecurity, bullying, and AIDS-related stigma interacted with each other and with likelihood of experiencing clinical-range disorder. In South Africa, 1025 adolescents completed standardised measures of depression, anxiety and post-traumatic stress. 52 potential mediators were measured, including AIDS-orphanhood status. Logistic regressions and hierarchical log-linear modelling were used to identify interactions among significant risk factors. Food insecurity, stigma and bullying all independently increased likelihood of disorder. Poverty and stigma were found to interact strongly, and with both present, likelihood of disorder rose from 19% to 83%. Similarly, bullying interacted with AIDS-orphanhood status, and with both present, likelihood of disorder rose from 12% to 76%. Approaches to alleviating psychological distress amongst AIDS-affected children must address cumulative risk effects

(177) WYATT GE. **Enhancing cultural and contextual intervention strategies to reduce HIV/AIDS among African Americans**. Am J Public Health. 2009 Nov., vol. 99, n° 11, pp.1941-1945
http://dx.doi.org/10.2105/AJPH.2008.152181 **(Accès payant)**

I describe 4 protective strategies that African Americans employ that may challenge current HIV prevention efforts: (1) an adaptive duality that protects identity, (2) personal control influenced by external factors, (3) long-established indirect communication patterns, and (4) a mistrust of "outsiders." I propose the Sexual Health Model as a conceptual framework for HIV prevention

interventions because it incorporates established adaptive coping strategies into new HIV-related protective skills. The Sexual Health Model promotes interconnectedness, sexual ownership, and body awareness, 3 concepts that represent the context of the African American historical and cultural experience and that enhance rather than contradict future prevention efforts

(178) LIAMPUTTONG P, HARITAVORN N, KIATYING-ANGSULEE N. **HIV and AIDS, stigma and AIDS support groups: perspectives from women living with HIV and AIDS in central Thailand**. Soc Sci Med. 2009 Sept., vol. 69, n° 6, pp.862-868
http://dx.doi.org/10.1016/j.socscimed.2009.05.040 **(Accès réservé EHESP)**

In this paper, community attitudes toward women living with HIV and AIDS at the present time from the perspectives of women in Thailand are examined. We also look at strategies women use in order to deal with any stigma and discrimination that they may feel or experience in the community. The paper is based on our larger study of the experiences of women living with HIV and AIDS and their participation in clinical trials. In late 2007 and early 2008 we carried out a number of in-depth interviews with women living with HIV and AIDS in central Thailand. We find that women living with HIV and AIDS still deal with stigma and discrimination in their everyday life. However, from the women's narratives, we also find more positive attitudes from local communities. Some women deal with stigma and discrimination by joining and participating in HIV and AIDS support groups that have emerged in response to the AIDS epidemic in Thailand. We argue that women are not passive victims, but that they act in their own agencies to counteract any negativity they might encounter

(179) SHAHMANESH M, WAYAL S, ANDREW G, PATEL V, *et al.* **HIV prevention while the bulldozers roll: exploring the effect of the demolition of Goa's red-light area**. Soc Sci Med. 2009 Aug., vol. 69, n° 4, pp.604-612
http://dx.doi.org/10.1016/j.socscimed.2009.06.020 **(Accès réservé EHESP)**

Interventions targeting sex-workers are pivotal to HIV prevention in India. Community mobilisation is considered by the National AIDS Control Programme to be an integral component of this strategy. Nevertheless societal factors, and specifically policy and legislation around sex-work, are potential barriers to widespread collectivisation and empowerment of sex-workers. Between November 2003 and December 2005 we conducted participatory observation and rapid ethnographic mapping with several hundred brief informant interviews, in addition to 34 semi-structured interviews with key-informants, 16 in-depth interviews with female sex-workers, and 3 focus-group-discussions with clients and mediators. This provides a detailed examination of the demolition of Baina, one of India's large red-light areas, in 2004, and one of the first accounts of the effect of dismantling the red-light area on the organisation of sex-work and sex-workers' sexual risk. The results suggest that the concentrated and homogeneous brothel-based sex-work environment rapidly evolved into heterogeneous, clandestine and dispersed modes of operation. The social context of sex-work that emerged from the dust of the demolition was higher risk and less conducive to HIV prevention. The demolition acted as a negative structural intervention; a catastrophic event that fragmented sex-workers' collective identity and agency and rendered them voiceless and marginalised. The findings suggest that an abolitionist approach to sex-work and legislation or policy that either criminalises this large group of women, or renders them as invisible victims, will increase the stigma and exclusion they experience. For the targeted HIV prevention approaches advocated by the National AIDS Control Programme to be effective, there is a need for legislation and policy that supports sex-workers' agency and self-organisation and enables them to create a safer working environment for themselves

(180) COHEN J. **HIV/AIDS research. Surprising AIDS vaccine success praised and pondered**. Science. 2009 Oct. 2, vol. 326, n° 5949, pp.26-27
http://dx.doi.org/326/10.1126/science.326_26 **(Accès réservé EHESP)**

(181) SCHWARCZ SK, HSU LC, VITTINGHOFF E, VU A, *et al.* **Impact of housing on the survival of persons with AIDS**. BMC Public Health. 2009, vol. 9, p.220
http://dx.doi.org/1471-24510.1186/1471-2458-9-220 **(Accès libre)**

BACKGROUND: Homeless persons with HIV/AIDS have greater morbidity and mortality, more hospitalizations, less use of antiretroviral therapy, and worse medication adherence than HIV-infected persons who are stably housed. We examined the effect of homelessness on the mortality of persons with AIDS and measured the effect of supportive housing on AIDS survival. METHODS: The San Francisco AIDS registry was used to identify homeless and housed persons who were diagnosed with AIDS between 1996 and 2006. The registry was computer-matched with a housing database of homeless persons who received housing after their AIDS diagnosis. The Kaplan-Meier product limit method was used to compare survival between persons who were homeless at AIDS diagnosis and those who were housed. Proportional hazards models were used to estimate the independent effects of homelessness and supportive housing on survival after AIDS diagnosis. RESULTS: Of the 6,558 AIDS cases, 9.8% were homeless at diagnosis. Sixty-seven percent of the persons who were homeless survived five years compared with 81% of those who were housed ($p < 0.0001$). Homelessness increased the risk of death (adjusted relative hazard [RH] 1.20; 95% confidence limits [CL] 1.03, 1.41). Homeless persons with AIDS who obtained supportive housing had a lower risk of death than those who did not (adjusted RH 0.20; 95% CL 0.05, 0.81). CONCLUSION: Supportive housing ameliorates the negative effect of homelessness on survival with AIDS

(182) ABRAMS D, LEVY Y, LOSSO MH, BABIKER A, *et al.* **Interleukin-2 therapy in patients with HIV infection**. N Engl J Med. 2009 Oct. 15, vol. 361, n° 16, pp.1548-1559
http://dx.doi.org/10.1056/NEJMoa0903175 **(Accès réservé EHESP)**

BACKGROUND: Used in combination with antiretroviral therapy, subcutaneous recombinant interleukin-2 raises CD4+ cell counts more than does antiretroviral therapy alone. The clinical implication of these increases is not known. METHODS: We conducted two trials: the Subcutaneous Recombinant, Human Interleukin-2 in HIV-Infected Patients with Low CD4+ Counts under Active Antiretroviral Therapy (SILCAAT) study and the Evaluation of Subcutaneous Proleukin in a Randomized International Trial (ESPRIT). In each, patients infected with the human immunodeficiency virus (HIV) who had CD4+ cell counts of either 50 to 299 per cubic millimeter (SILCAAT) or 300 or more per cubic millimeter (ESPRIT) were randomly assigned to receive interleukin-2 plus antiretroviral therapy or antiretroviral therapy alone. The interleukin-2 regimen consisted of cycles of 5 consecutive days each, administered at 8-week intervals. The SILCAAT study involved six cycles and a dose of 4.5 million IU of interleukin-2 twice daily; ESPRIT involved three cycles and a dose of 7.5 million IU twice daily. Additional cycles were recommended to maintain the CD4+ cell count above predefined target levels. The primary end point of both studies was opportunistic disease or death from any cause. RESULTS: In the SILCAAT study, 1695 patients (849 receiving interleukin-2 plus antiretroviral therapy and 846 receiving antiretroviral therapy alone) who had a median CD4+ cell count of 202 cells per cubic millimeter were enrolled; in ESPRIT, 4111 patients (2071 receiving interleukin-2 plus antiretroviral therapy and 2040 receiving antiretroviral therapy alone) who had a median CD4+ cell count of 457 cells per cubic millimeter were enrolled. Over a median follow-up period of 7 to 8 years, the CD4+ cell count was higher in the interleukin-2 group than in the group receiving antiretroviral therapy alone--by 53 and 159 cells per cubic millimeter, on average, in the SILCAAT study and ESPRIT, respectively. Hazard ratios for opportunistic disease or death from any cause with interleukin-2 plus antiretroviral therapy (vs. antiretroviral therapy alone) were 0.91 (95% confidence interval [CI], 0.70 to 1.18; P=0.47) in the SILCAAT study and 0.94 (95% CI, 0.75 to 1.16; P=0.55) in ESPRIT. The hazard ratios for death from any cause and for grade 4 clinical events were 1.06 (P=0.73) and 1.10 (P=0.35), respectively, in the SILCAAT study and 0.90 (P=0.42) and 1.23 (P=0.003), respectively, in ESPRIT. CONCLUSIONS: Despite a substantial and sustained increase in the CD4+ cell count, as compared with antiretroviral therapy alone, interleukin-2 plus antiretroviral therapy yielded no clinical benefit in either study. (ClinicalTrials.gov numbers, NCT00004978 [ESPRIT] and NCT00013611 [SILCAAT study].)

(183) PURCELL DW, MCCREE DH. **Recommendations from a research consultation to address intervention strategies for HIV/AIDS prevention focused on African Americans**. Am J Public Health. 2009 Nov., vol. 99, n° 11, pp.1937-1940

http://dx.doi.org/10.2105/AJPH.2008.152546 (**Accès payant**)

Despite substantial federal resources spent on HIV prevention, research, treatment, and care, as well as the availability and dissemination of evidence-based behavioral interventions, the disparate impact of HIV on African Americans continues. In October 2007, 3 federal agencies convened 20 HIV/AIDS prevention researchers and care providers for a research consultation to focus on new intervention strategies and current effective intervention strategies that should be more widely disseminated to address the HIV/AIDS epidemic among African Americans. The consultants focused on 2 areas: (1) potential directions for HIV prevention interventions, defined to include behavioral, community, testing, service delivery, structural, biomedical, and other interventions; and (2) improved research methods and agency procedures to better support prevention research focused on African American communities

(184) SWARTZ A. **The strongest prescription of all: a week in the woods**. Am J Public Health. 2009 Oct., vol. 99 Suppl 2, p.S210-S215
http://dx.doi.org10.2105/AJPH.2009.171694 **(Accès payant)**

As the sun sets behind the first campfire, children's faces are silhouetted in the darkness. In this moment and the days to follow at Camp Sunrise, it is impossible to tell who is living with HIV/AIDS and who is not. According to Jina Gonzalez, that is precisely the point of camps-like Ohio-based Camp Sunrise-that are devoted to serving children affected by HIV/AIDS

Tuberculose

sommaire

(185) D'SOUZA DT, MISTRY NF, VIRA TS, DHOLAKIA Y, *et al.* **High levels of multidrug resistant tuberculosis in new and treatment-failure patients from the Revised National Tuberculosis Control Programme in an urban metropolis (Mumbai) in Western India**. BMC Public Health. 2009, vol. 9, p.211
http://dx.doi.org/1471-24510.1186/1471-2458-9-211 **(Accès libre)**

BACKGROUND: India, China and Russia account for more than 62% of multidrug resistant tuberculosis (MDRTB) globally. Within India, locations like urban metropolitan Mumbai with its burgeoning population and high incidence of TB are suspected to be a focus for MDRTB. However apart from sporadic surveys at watched sites in the country, there has been no systematic attempt by the Revised National Tuberculosis Control Programme (RNTCP) of India to determine the extent of MDRTB in Mumbai that could feed into national estimates. Drug susceptibility testing (DST) is not routinely performed as a part of programme policy and public health laboratory infrastructure, is limited and poorly equipped to cope with large scale testing. METHODS: From April 2004 to January 2007 we determined the extent of drug resistance in 724 {493 newly diagnosed, previously untreated and 231 first line treatment failures (sputum-smear positive at the fifth month after commencement of therapy)} cases of pulmonary tuberculosis drawn from the RNTCP in four suboptimally performing municipal wards of Mumbai. The observations were obtained using a modified radiorespirometric Buddemeyer assay and validated by the Swedish Institute for Infectious Disease Control, Stockholm, a supranational reference laboratory. Data was analyzed utilizing SPSS 10.0 and Epi Info 2002. RESULTS: This study undertaken for the first time in RNTCP outpatients in Mumbai reveals a high proportion of MDRTB strains in both previously untreated (24%) and treatment-failure cases (41%). Amongst new cases, resistance to 3 or 4 drug combinations (amplified drug resistance) including isoniazid (H) and rifampicin (R), was greater (20%) than resistance to H and R alone (4%) at any point in time during the study. The trend for monoresistance was similar in both groups remaining highest to H and lowest to R. External quality control revealed good agreement for H and R resistance (k = 0.77 and 0.76 respectively). CONCLUSION: Levels of MDRTB are much higher in both previously untreated and first line treatment-failure cases in the selected wards in Mumbai than those projected by national estimates. The finding of amplified drug resistance suggests the presence of a well entrenched MDRTB scenario. This study suggests that a wider set of surveillance sites are

needed to obtain a more realistic view of the true MDRTB rates throughout the country. This would assist in the planning of an adequate response to the diagnosis and care of MDRTB

(186) HARRIS LJ. **Images in clinical medicine. Bronchial obstruction after pneumonectomy**. N Engl J Med. 2009 Oct. 22, vol. 361, n° 17, p.1688
http://dx.doi.org/10.1056/NEJMicm0707911 **(Accès réservé EHESP)**

(187) HOLLM-DELGADO MG. **Molecular epidemiology of tuberculosis transmission: Contextualizing the evidence through social network theory**. Soc Sci Med. 2009 Sept., vol. 69, n° 5, pp.747-753
http://dx.doi.org/10.1016/j.socscimed.2009.06.043 **(Accès réservé EHESP)**

Despite a long-standing recognition that factors such as age, gender, and socioeconomic status play a fundamental role in tuberculosis transmission and susceptibility, few molecular epidemiological studies have fully elucidated the etiological mechanisms by which each of these social factors may influence transmission of the disease. In this paper, we propose that in order to achieve this goal, molecular epidemiology must move towards a more holistic approach for disease transmission, thus enabling social theory to be integrated into molecular epidemiological studies on tuberculosis. We then present a social network model to illustrate how molecular and social epidemiology can be combined to study disease transmission patterns, and provide preliminary molecular epidemiological evidence to support the role of social networks in tuberculosis transmission

(188) HEFFELFINGER JD, PATEL P, BROOKS JT, CALVET H, *et al.* **Pandemic influenza: implications for programs controlling for HIV infection, tuberculosis, and chronic viral hepatitis**. Am J Public Health. 2009 Oct., vol. 99 Suppl 2, p.S333-S339
http://dx.doi.org10.2105/AJPH.2008.158170 **(Accès payant)**

Among vulnerable populations during an influenza pandemic are persons with or at risk for HIV infection, tuberculosis, or chronic viral hepatitis. HIV-infected persons have higher rates of hospitalization, prolonged illness, and increased mortality from influenza compared with the general population. Persons with tuberculosis and chronic viral hepatitis may also be at increased risk of morbidity and mortality from influenza because of altered immunity and chronic illness. These populations also face social and structural barriers that will be exacerbated by a pandemic. Existing infrastructure should be expanded and pandemic planning should include preparations to reduce the risks for these populations

(189) BHAT J, RAO VG, GOPI PG, YADAV R, *et al.* **Prevalence of pulmonary tuberculosis amongst the tribal population of Madhya Pradesh, central India**. Int J Epidemiol. 2009 Aug., vol. 38, n° 4, pp.1026-1032
http://dx.doi.org10.1093/ije/dyp222 **(Accès réservé EHESP)**

BACKGROUND: This was a prevalence survey of pulmonary tuberculosis (PTB) disease in the tribal population of Madhya Pradesh state, central India. METHODS: A community-based cross-sectional tuberculosis (TB) disease prevalence survey was undertaken among adults aged > or = 15 years in the tribal population of Madhya Pradesh. A multistage stratified cluster sampling was adopted. A representative random sample of villages predominated by tribal populations was selected from 11 districts. All eligible individuals were questioned for chest symptoms relating to TB. Sputum samples were collected from all eligible individuals, transported to the laboratory, and examined by Ziehl-Neelsen (ZN) smear microscopy and solid media culture methods. RESULTS: Of the 23,411 individuals eligible for screening, 22,270 (95.1%) were screened for symptoms. The overall proportion of symptomatic individuals was 7.9%. Overall prevalence (culture and/or smear positive) of PTB was 387 [95% confidence interval (CI): 273-502] per 100,000 population. The prevalence increased with age and was also significantly higher among males (554/100,000; 95% CI: 415-693) as compared with females (233/100,000; 95% CI: 101-364) ($P < 0.001$). CONCLUSION: The findings suggest that the TB situation amongst the tribal population is not that different from the situation among the non-tribal population in the country. However, TB remains a

major public health problem amongst the tribal population and there is a need to maintain and further strengthen TB control measures on a sustained and long-term basis

(190) GAJALAKSHMI V, PETO R. **Smoking, drinking and incident tuberculosis in rural India: population-based case-control study**. Int J Epidemiol. 2009 Aug., vol. 38, n° 4, pp.1018-1025 http://dx.doi.org10.1093/ije/dyp225 **(Accès réservé EHESP)**

BACKGROUND: To investigate the extent to which smoking and/or drinking can increase the incidence of pulmonary tuberculosis (TB), a population-based case-control study was conducted in rural south India. METHODS: A total of 1839 males and 870 females treated in 2000-03 by state TB clinics were interviewed at home in 2004-05 about their education, smoking and drinking habits before disease onset. As controls, 2134 men and 2119 women without TB were randomly chosen from case villages and interviewed. Incidence rate ratios (RRs) are from logistic regression, adjusted for age and education. RESULTS: No women smoked or drank. The main analyses are of men aged 35-64 years, 949 cases treated for new pulmonary TB and 1963 controls. In the study, 81.5% of the cases and 55.2% of the controls had ever smoked, yielding a standardized ever- vs never-smoker TB incidence RR of 2.7 [95% confidence interval (CI) 2.2-3.3, P < 0.00001). Among control ever-smokers 96% still smoked, 71% used only bidis (mean 17 per day) and 28% used only cigarettes (mean 7 per day). After additional adjustment for alcohol, this RR was 2.2 (95% CI 1.7-2.7, P < 0.00001), but even among those who had never drunk alcohol the standardized ever- vs never-smoker RR was 2.6 (95% CI 2.0-3.6, P < 0.00001). The corresponding RRs for ever- vs never-drinking were somewhat less extreme: 2.2 (95% CI 1.8-2.6, P < 0.00001) without adjustment for smoking, 1.5 (95% CI 1.2-1.9, P = 0.00004) with adjustment for smoking and 2.1 (95% CI 1.4-3.0, 2P = 0.0001) among those who had never smoked. Among control ever-drinkers, 96% still drank and 99% used only spirits (mean 0.3 l/week). CONCLUSIONS: This study of reliably confirmed disease (by the criteria of state TB clinics) demonstrates an increased incidence of pulmonary TB among those who smoke and among those who drink. The effects of smoking after adjustment for drinking were more definite than those of drinking after adjustment for smoking

(191) FANTUZZI G. **Tuberculosis and the inflammatory processes of obesity in human evolution**. JAMA. 2009 Oct. 28, vol. 302, n° 16, pp.1754-1755 http://dx.doi.org/10.1001/jama.2009.1514 **(Accès réservé EHESP)**

Rapports et dossiers en ligne

Nouveau portail

Influenza – Evidence-based Information Portal from EBSCO Publishing
http://www.ebscohost.com/flu/default.php **(Accès libre)**

Due to Pandemic H1N1 Influenza (formerly known as Swine Flu) and concerns about the 2009/2010 flu season, the EBSCO Publishing Medical and Nursing editors of DynaMed™, Nursing Reference Center™ (NRC) and Patient Education Reference Center™ (PERC) have made key influenza information from these resources freely available to health care providers worldwide. The information is designed to inform patients and their families and provide information to clinicians to help them with H1N1 diagnosis and H1N1 treatment by making up-to-date diagnosis and treatment information available. The resources being made available will also provide up-to-date information about the H1N1 vaccine.

Appel à communication : Call for Abstracts 27th Annual BRFSS Conference « Leading the Way in Public Health Surveillance ».

Online Abstract Submission at: http://apps.nccd.cdc.gov/BRFSSAbstractSubmission

The 27th Annual Behavioral Risk Factor Surveillance System (BRFSS) Conference will be held March 20-24, 2010, in San Diego, California.
The BRFSS Conference Committee seeks abstracts for oral and poster presentations. Abstracts related to BRFSS topics in **survey research**, **epidemiology**, **evaluation**, **policy and public health** are welcome for consideration. We are particularly interested in research related to our conference theme: Leading the Way in **Public Health Surveillance**.
Abstract submission open dates: Monday, November 16 through Thursday, December 31, 2009
Abstract submission deadline: Thursday, December 31, 2009

Appel à communication : XIV th International Congress for Infectious Diseases. The International Society for Infectious Diseases (ISID)

Miami, Florida on March 9-12, 2010.
http://www.isid.org/14th_icid/

PAHO Pan American Health Organization, together with ISID, is also organizing a symposium on **Neglected Tropical Diseases (NTDs)** during the Congress. The purpose of this symposium is to review the global and regional (Latin America and the Caribbean) situation and the importance of NTDs. The possibilities and needs for the drastic reduction or elimination of selected NTDs will also be discussed. The 14th ICID will continue the unique educational approach that distinguishes International Congresses on Infectious Diseases from other meetings, namely a scientific program that runs the spectrum from cutting edge science to state-of the-art practices to global infectious disease control, all presented by a truly international faculty and attended by participants whose diverse backgrounds create an incomparable opportunity for the worldwide exchange of information for the benefit of our patients and societies.
The deadline for submission of abstracts was extended to November 30, 2009.

Bronchite

sommaire

7ème journée mondiale de lutte contre la BPCO, Broncho-Pneumopathie Chronique Obstructive le 19 novembre 2008
http://www.lesouffle.org/e_upload/pdf/jmbpco_information_presse_2008_v2.pdf **(Accès libre)**
http://www.goldcopd.com/ **(Accès libre)**

Cancer du poumon

sommaire

Projections de l'incidence et de la mortalité par cancer en France en 2009. Dossier sur le site de l'InVS mis à jour le 12 octobre 2009.
http://www.invs.sante.fr/display/?doc=applications/cancers/projections2009/presentation.htm **(Accès libre)**
Notamment mise en ligne des données de projections de l'incidence et de la mortalité par cancer du poumon en France en 2009. 2p., pdf
http://www.invs.sante.fr/applications/cancers/projections2009/donnees_localisation/poumon.pdf **(Accès libre)**

Cigarette et inégalités sociales : le tabagisme se concentre de plus en plus dans les milieux défavorisés. Regard santé. 2009. N° 20
http://www.e-cancer.fr/v1/fichiers/public/regardsante20.pdf **(Accès libre)**

Plan cancer 2009-2013. / Institut National du Cancer. (INCa). Paris. FRA. 2009/11. 140p., pdf
http://www.elysee.fr/download/?mode=press&filename=Plan_cancer_2009.pdf **(Accès libre)**

Plan cancer 2009-2013. Synthèse : 5 axes – 30 mesures – 118 actions. / Institut National du Cancer. (INCa). Paris. FRA. - Institut National du Cancer. (I.N.Ca.). Paris. FRA, 2009/11. 7p., pdf
http://www.sante-jeunesse-sports.gouv.fr/IMG/pdf/Synthese_plan_cancer_2009_2013.pdf **(Accès libre)**

La lutte contre le cancer, surmonter les cloisonnements. / DENIS (Jean-Jacques). - Paris : La Documentation française, 2009/09. - 58p., pdf
http://www.strategie.gouv.fr/IMG/pdf/Rapport_Plan_cancer_version_web.pdf **(Accès libre)**

La situation du cancer en France en 2009. / DIXSAUT (Gilles) / coor., et al.. - Institut National du Cancer. (I.N.Ca.). Paris. FRA, 2009/10. 208p., pdf
http://www.e-cancer.fr/les-soins/dispositif-d-annonce/outils-de-liaison-medecin---ide/doc_download/1285-la-situation-du-cancer-en-france-en-2009 **(Accès libre)**

REMONTET (Laurent), et al. **Tendances de l'incidence et de la mortalité par cancer en France et projections pour l'année en cours : méthodes d'estimation et rythme de production. *Trends in cancer incidence and mortality in France and projection for the current year: estimation methods and production schedules*.** InVS. BEH. n°38. 13 octobre 2009.
http://www.invs.sante.fr/beh/2009/38/beh_38_2009.pdf **(Accès libre)**

RICAN (Stéphane), et al. **Évolution du nombre et du risque de décès par cancer en France métropolitaine de 1975 à 1999 : des inégalités locales. *Trends in the number and risk of death from cancer in metropolitan France from 1975-1999: local inequalities.*** InVS. BEH. n°38. 13 octobre 2009.
http://www.invs.sante.fr/beh/2009/38/beh_38_2009.pdf **(Accès libre)**

Dengue

sommaire

Dengue au Cap-Vert. OMS. Alerte et action au niveau mondial (GAR) 30 octobre 2009. 1p.
http://www.who.int/csr/don/2009_10_30a/fr/index.html **(Accès libre)**

Diabète

sommaire

November is American Diabetes Month. People with Diabetes are at increased risk for complications from 2009 H1N1 Flu. Centers for Disease Control and Prevention (CDC). November 2009. 1p.
http://www.cdc.gov/Features/DiabetesH1N1/ **(Accès libre)**

Impact de la diffusion des recommandations et d'un retour de pratique dans la prise en charge du diabète : évaluation d'un programme d'accompagnement des médecins généralistes mené par la Mutualité Sociale Agricole (MSA) / VAN BOCKSTAEL (Vincent), SABIN (Nicolas), CROCHET (Benoît). Supplément de la revue du praticien, tome 59, n° 8, 20 octobre 2009, pp. 13-18
A consulter à la bibliothèque de l'EHESP

Numéro thématique - Les enquêtes Entred : des outils épidémiologiques et d'évaluation pour mieux comprendre et maîtriser le diabète. ***Special issue - The ENTRED studies : epidemiological tools to better understand and evaluate diabetes***. InVS. BEH. n°42-43. 10 novembre 2009. 24 p., pdf
http://www.invs.sante.fr/beh/2009/42_43/beh_42_43_2009.pdf **(Accès libre)**

Etude Entred 2007 : 2,5 millions de personnes atteintes de diabète en France : prise en charge des malades et dynamique des dépenses. Cnamts, octobre 2009, 11p., pdf
http://www.ameli.fr/fileadmin/user_upload/documents/DP_Etude_diabiete_vdef.pdf **(Accès libre)**

Happy hormone crucial in preventing diabetes. European Commission Research. 18/11/2009. 1p.
http://ec.europa.eu/research/infocentre/article_en.cfm?id=/research/headlines/news/article_09_11_18_en.html&item=Infocentre&artid=13793 **(Accès libre)**

> Diabetes is growing into one the biggest health problems in the world and is now responsible for nearly 4 million deaths a year. A team of researchers studied the role of the hormone serotonin, which is stored in the pancreas along with insulin, to see if its absence had any effect on insulin production. Their results showed that the absence of serotonin in the pancreas of mice led to their rapidly developing diabetes. The results, published in the journal Public Library of Science (PLoS) Biology, offer a promising new direction in diabetes research.

Grippe A

sommaire

The H1N1 influenza pandemic in the southern hemisphere. Eurosurveillance, Volume 14, Issue 42, 22 October 2009. 56p., pdf
http://www.eurosurveillance.org/images/dynamic/EE/V14N42/V14N42.pdf **(Accès libre)**

> Articles from Australia, South Africa, Peru, Brazil and Réunion Island, give a comprehensive overview of the development in part of the world which has completed the 2009 influenza season.

Sypsa V, Pavlopoulou I, Hatzakis A. **Use of an inactivated vaccine in mitigating pandemic influenza A(H1N1) spread: a modelling study to assess the impact of vaccination timing and prioritisation strategies.** Euro Surveill. 2009;14(41)
http://www.eurosurveillance.org/ViewArticle.aspx?ArticleId=19356 **(Accès libre)**

Towers S, Feng Z. **Pandemic H1N1 influenza: predicting the course of a pandemic and assessing the efficacy of the planned vaccination programme in the United States.** Euro Surveill. 2009;14(41)
http://www.eurosurveillance.org/ViewArticle.aspx?ArticleId=19358 **(Accès libre)**

Terregino C, De Nardi R, Nisi R, Cilloni F, Salviato A, Fasolato M, Capua I. **Resistance of turkeys to experimental infection with an early 2009 Italian human influenza A(H1N1)v virus isolate**. Euro Surveill. 2009;14(41)
http://www.eurosurveillance.org/ViewArticle.aspx?ArticleId=19360 **(Accès libre)**

Johansen K, Nicoll A, Ciancio BC, Kramarz P. **Pandemic influenza A(H1N1) 2009 vaccines in the European Union. Euro Surveill**. 2009;14(41)
http://www.eurosurveillance.org/ViewArticle.aspx?ArticleId=19361 **(Accès libre)**

Épidémie éditoriale en librairie. Tout ce que vous avez toujours voulu savoir sur la grippe A. Le Quotidien du médecin du 19/10/2009 N°8638.
http://www.quotimed.com/journal/index.cfm?fuseaction=viewarticle&DArtIdx=430131 **(Accès réservé EHESP)**

Dossier. Grippe A/H1N1 : Dans le tohu-bohu ambiant, comment faire la part des choses ?. Prescrire. Novembre 2009. N°313.
http://www.prescrire.org/aLaUne/dossierGrippeA15oct.php **(Accès libre)** et **(Accès réservé EHESP)** selon les articles

Draft Guidance for Industry: Recommendations for the Assessment of Blood Donor Suitability, Blood Product Safety, and Preservation of the Blood Supply in Response to Pandemic (H1N1) 2009 Virus. U.S. Food & Drug Administration (FDA). 11/13/2009. 10p., pdf
http://www.fda.gov/downloads/BiologicsBloodVaccines/GuidanceComplianceRegulatoryInformation/Guidances/Blood/UCM190373.pdf **(Accès libre)**

Bell DM, Weisfuse IB, Hernandez-Avila M, del Rio C, Bustamante X, Rodier G. **Pandemic influenza as 21st century urban public health crisis**. Emerg Infect Dis. 2009 Dec; 14p., pdf
http://www.cdc.gov/eid/content/15/12/pdfs/09-1232.pdf **(Accès libre)**

Swayne DE, Pantin-Jackwood M, Kapczynski D, Spackman E, Suarez DL. **Susceptibility of poultry to pandemic (H1N1) 2009 virus [letter]**. Emerg Infect Dis. 2009 Dec; 5p., pdf
http://www.cdc.gov/eid/content/15/12/pdfs/09-1060.pdf **(Accès libre)**

Lancement de la campagne de vaccination Grippe A(H1N1) dans les établissements de santé 20 octobre 2009. Ministère de la santé et des sports. 27p., pdf
http://www.sante-sports.gouv.fr/IMG/pdf/DP-Lancementvaccination.pdf **(Accès libre)**

Texte de lois : JO n°245 du 22 octobre 2009. Rapport relatif au décret n° 2009-1267 du 21 octobre 2009 portant ouverture et annulation de crédits.
http://www.legifrance.gouv.f...cidTexte=JORFTEXT000021182963 **(Accès libre)**

> Un décret du ministère du Budget permet d'engager 15 millions d'euros dans la prise en charge des premières dépenses de la campagne de vaccination contre la grippe A (H1N1). Cette somme avait initialement été attribuée à "des dépenses accidentelles et imprévisibles".

Texte de lois : JO n°246 du 23 octobre 2009. Décret n° 2009-1273 du 22 octobre 2009 autorisant la création d'un traitement de données à caractère personnel relatif à la gestion et au suivi des vaccinations contre la grippe A (H1N1).
http://www.legifrance.gouv.f...cidTexte=JORFTEXT000021187382 **(Accès libre)**

Sélection de dossiers et sites Internet

The Lancet's H1N1 Resource Centre
http://www.thelancet.com/H1N1-flu **(Accès libre)**

Blog : Le journal de la pandémie 2.0.
http://blog.slate.fr/h1n1/ **(Accès libre)**

Bureau régional de l'OMS pour l'Europe
http://www.euro.who.int/influenza/AH1N1/20090425_1?language=French

U.S. Government H1N1, avian and pandemic flu information
http://www.pandemicflu.gov/ **(Accès libre)**

CDC Centers for Disease Control and Prevention
http://www.cdc.gov/h1n1flu/ **(Accès libre)**

ECDC European Centre for Disease Prevention and Control
http://ecdc.europa.eu/en/healthtopics/Pages/Influenza_A%28H1N1%29_Outbreak.aspx **(Accès libre)**

Organisation mondiale de la santé OMS
http://www.who.int/csr/disease/swineflu/en/index.html **(Accès libre)**

DynaMed topic on Swine Influenza (EbscoHost)
http://www.ebscohost.com/dynamed/h1n1/ **(Accès libre)**

Influenza – Evidence-based Information Portal from EBSCO Publishing
http://www.ebscohost.com/flu/default.php **(Accès libre)**

Dossier de l'InVS
http://www.invs.sante.fr/surveillance/grippe_dossier/default.htm **(Accès libre)**

Dossier de l'AFSSAPS (avec notamment le suivi de pharmacovigilance)
http://www.afssaps.fr/ **(Accès libre)**

Site interministériel de préparation à un risque de pandémie grippale
http://www.grippeaviaire.gouv.fr/ **(Accès libre)**

Site du ministère de la santé et des sports
http://www.sante-sports.gouv.fr/dossiers/sante/grippe-porcine-h1n1/grippe-porcine-h1n1.html **(Accès libre)**

Maladie d'Alzheimer

sommaire

Dossier : Prise en charge de la maladie d'Alzheimer et bon usage du médicament. Le Pharmacien Hospitalier. La revue des pharmaciens des établissements de santé et des collectivités. Septembre 2009. Supplément n°1. P. S1-S14
http://www.lepharmacienhospitalier.fr/revue/phhp/44/S1 **(Accès payant - Résumés en ligne)**
A consulter à la bibliothèque de l'EHESP

"Alzheimer's", une initiative pilote. Numéro spécial - Europe de la recherche - Novembre 2009. 1p.
http://ec.europa.eu/research/research-eu/era/article_era22_fr.html **(Accès libre)**

Vingt pays d'Europe et la Commission européenne se sont mis d'accord pour lutter ensemble contre les maladies neurodégénératives en coordonnant leurs programmes de recherche autour d'objectifs communs.

Maladies cardio-vasculaires

sommaire

Julien Dumurgier, Alexis Elbaz, Pierre Ducimetière, Béatrice Tavernier, Annick Alpérovitch, Christophe Tzourio. **Slow walking speed and cardiovascular death in well functioning older adults: prospective cohort study.** BMJ 2009;339:b4460, doi: 10.1136/bmj.b4460 (Published 10 November 2009)
http://www.bmj.com/cgi/content/full/339/nov10_2/b4460 **(Accès réservé EHESP)**

Maladies chroniques

sommaire

Falcoff H, Benainous O, Gillaizeau F. **Développement et étude d'impact d'un système informatique de tableaux de bord pour le suivi des pathologies chroniques en médecine générale.** Development and impact of an electronic follow-up module for chronic conditions in general practice. Pratiques et Organisation des Soins volume 40 n° 3 / juillet-septembre 2009.
http://www.ameli.fr/fileadmin/user_upload/documents/POS093_Suivi_informatise_des_maladies_choniques.pdf **(Accès libre)**

Populations précarisées : l'accessibilité de l'alimentation. INPES, la santé de l'homme, n° 402, juillet-août 2009.
http://www.inpes.sante.fr/ **(Sommaire en ligne)**
A consulter à la bibliothèque de l'EHESP

Les inégalités sociales de santé se ressentent sur l'ensemble des pathologies chroniques et notamment sur celles directement liées à la nutrition : diabète, maladies cardio-vasculaires, ostéoporose, santé bucco-dentaire et nombreux cancers. Ce dossier étudie les moyens de prévenir (dès le plus jeune âge dans les écoles) et de protéger les populations à faible revenu ainsi que de répartir les aides qui peuvent leur être apportées dans leur consommation alimentaire à travers les actions réalisées au Plan national et par les associations. Un regard sur les États-Unis et le Canada complète ce dossier sur l'influence comportementale et environnementale alimentaire dans l'obésité.

Global heath risks : Mortality and burden of disease attributable to selected major risks. OMS. 2009, 70p.
http://www.who.int/healthinfo/global_burden_disease/GlobalHealthRisks_report_full.pdf **(Accès libre)**

Selon ce rapport, l'espérance de vie de la population mondiale pourrait être augmentée d'environ cinq ans si l'on s'attaquait à cinq facteurs de risques : l'insuffisance pondérale pendant l'enfance, les rapports sexuels à risque, l'alcoolisme, le manque d'eau potable, d'assainissement et d'hygiène, et l'hypertension, facteurs responsables du quart des 60 millions de décès survenant chaque année. Le rapport décrit 24 facteurs qui ont une incidence sur la santé, qui sont à la fois environnementaux, comportementaux et physiologiques, tels que la pollution de l'air, le tabagisme ou la mauvaise alimentation.

Les femmes et la santé : la réalité d'aujourd'hui le programme de demain. OMS. 2009. 108p.
http://whqlibdoc.who.int/publications/2009/9789242563856_fre.pdf **(Accès libre)**

« Une espérance de vie plus longue pour les femmes que pour les hommes mais pas nécessairement en bonne santé. » Dans ce rapport, l'OMS appelle à agir d'urgence, aussi bien dans le secteur de la santé qu'au-delà, pour améliorer la santé des filles et des femmes partout dans le monde. Le rapport souligne notamment que le VIH, les affections liées à la grossesse et la tuberculose sont toujours les principaux responsables des décès chez les femmes âgées de 15 à 45 ans. Au fur et à mesure que ces femmes vieillissent – elles vivent généralement six à huit ans de plus que les hommes –, les maladies non transmissibles deviennent les principales causes de mortalité et d'incapacité. À l'échelle mondiale, les accidents cardiaques et vasculaires cérébraux, *« que l'on considère souvent comme des problèmes masculins, sont les deux affections les plus meurtrières chez les femmes »*. Leurs symptômes diffèrent souvent de ceux des hommes, ce qui induit des erreurs de diagnostic.

Maladies infectieuses

sommaire

Vaccins et vaccination: la situation dans le monde. Résumé d'orientation. Rapport conjoint OMS/UNICEF/Banque mondiale: 3ème édition. Octobre 2009. 11p., pdf
http://whqlibdoc.who.int/hq/2009/WHO_IVB_09.10_fre.pdf **(Accès libre)**

Annual epidemiological report on communicable diseases in Europe – 2009. European Centre for Disease Prevention and Control. Surveillance reports - 12 Oct 2009. 236p., pdf
http://ecdc.europa.eu/en/publications/Publications/0910_SUR_Annual_Epidemiological_Report_on_Communicable_Diseases_in_Europe.pdf **(Accès libre)**

This third edition of the Annual Epidemiological Report on Communicable Diseases in Europe provides a comprehensive summary of surveillance data in 2007 and the threats monitored in 2008. The data presented show that the major threats to the health of European citizens from infectious diseases have not changed substantially since ECDC began its work in 2005. It confirms the importance of the five areas initially identified as priorities for ECDC's activities, namely respiratory tract infections (in particular influenza and tuberculosis); HIV infection; vaccine-preventable diseases (in particular pneumococcal infections); healthcare-associated infections and antimicrobial resistance.

Global Health Action Special Volume 2009. Climate change and global health: linking science with policy. Heat, work and health: implications of climate change - Climate change and infectious diseases. / NEIRA (Maria), SAUERBORN (Rainer), KJELLSTROM (Tord), et al. Umeå Centre for Global Health Research, 2009. - 176p., pdf
http://www.globalhealthaction.net/index.php/gha/article/view/1966/2591 **(Accès libre)**

Pathologies liées à l'obésité

sommaire

Recommandation professionnelle. Obésité : prise en charge chirurgicale chez l'adulte. Haute Autorité de Santé HAS. Mise en ligne le 21/10/2009

Synthèse des recommandations. 2009. 4p., pdf
http://www.has-sante.fr/portail/upload/docs/application/pdf/2009-04/obesite_-_prise_en_charge_chirurgicale_chez_ladulte_-_synthese_des_recommandations.pdf **(Accès libre)**

Recommandations de bonnes pratiques. 2009. 26p., pdf
http://www.has-sante.fr/portail/upload/docs/application/pdf/2009-04/obesite_-_prise_en_charge_chirurgicale_chez_ladulte_-_recommandations_2009-04-03_09-08-3_266.pdf **(Accès libre)**

SIDA

sommaire

S. Le Vu, Y. Le Strat, F. Cazein, et al. **Estimation de l'incidence de l'infection par le VIH en France à l'aide d'un test d'infection récente**. InVS. 19 novembre 2009. 4p., pdf
http://www.invs.sante.fr/presse/2009/communiques/incidence_vih191109/incidence_vih.pdf **(Accès libre)**

GAIN Working Paper Series. No. 2: Food by Prescription: A Landscape Paper. UNAIDS, WFP.October 2009. 41p., pdf
http://www.gainhealth.org/sites/default/files/Working%20Paper%202.pdf **(Accès libre)**

C'est à l'occasion du sommet mondial sur la sécurité alimentaire qui s'est tenu à Rome du 16 au 18 novembre 2009 que l'Alliance mondiale pour une meilleure nutrition(GAIN) a présenté un nouveau rapport disponible en ligne qui fait le point sur les programmes d'alimentation sur ordonnance appliqués à la prise en charge des patients VIH, assez peu documentés jusque là.

Etudes ANRS - Opportunités manquées de dépistage et de diagnostic des patients infectés par le VIH. Dossier sur le site de l'InVS mis en ligne le 16 octobre 2009.
http://www.invs.sante.fr/surveillance/anrs_opportunitees/default.htm **(Accès libre)**

Evaluation des programmes et politiques de santé publique. Dépistage de l'infection par le VIH en France : stratégies et dispositif de dépistage. Recommandations en Santé Publique. Haute Autorité de Santé HAS. Mise en ligne le 22/10/2009

Synthèse et recommandations. 2009. 41p., pdf
http://www.has-sante.fr/portail/upload/docs/application/pdf/2009-10/synthese_depistage_vih_volet_2_vfv_2009-10-21_16-48-3_460.pdf **(Accès libre)**

Argumentaire. 2009. 235p., pdf
http://www.has-sante.fr/portail/upload/docs/application/pdf/2009-10/argumentaire_depistage_vih_volet_2_vfv_2009-10-21_16-49-13_375.pdf **(Accès libre)**

The Euro HIV Index 2009 -a reality check of public policy and best practice in 29 countries. Beatriz Cebolla. and Arne Björnberg. Health Consumer Powerhouse. 2009 October. 56p., pdf
http://www.healthpowerhouse.com/files/Report%20Euro%20HIV%20index%20091008-3.pdf **(Accès libre)**

Health Consumer Powerhouse, agence spécialisée dans les études comparatives de systèmes de soins depuis 2004 et basée à Bruxelles, a publiée une étude européenne portant sur les politiques publiques de 29 pays en matière de lutte contre le sida, qui place la France en 12ème position. Les indicateurs choisis pour établir ce palmarès des meilleures pratiques, dans une optique affichée d'empowerment de l'usager du système de soins, sont répartis en quatre

catégories : lutte contre les discriminations et implication des personnes séropositives, accès aux soins et aux traitements, accès à la prévention, résultats chiffrés.

Combating HIV/AIDS in the European Union and neighbouring countries, 2009 -2013. / Commission of the European Communities. Bruxelles. BEL. 2009/10. 12p., pdf
http://ec.europa.eu/health/ph_threats/com/aids/docs/com2009_en.pdf **(Accès libre)**

L'Union européenne a adopté le 26 octobre une stratégie couvrant la période 2009 à 2013 qui relance la lutte contre le VIH/sida dans l'Union et ses pays voisins. Cette stratégie se concentre sur trois grands domaines : la prévention et le dépistage, les groupes les plus exposés et les régions prioritaires.

Vers un accès universel : étendre les interventions prioritaires liées au VIH/sida dans le secteur de la santé, septembre 2009 rapport de situation : messages clés. Organisation mondiale de la santé (O.M.S.). 2009/09. 10p., pdf
http://www.who.int/hiv/mediacentre/tuapr2009_km_fr_a4.pdf **(Accès libre)**

Note pour les sources citées :
Ce bulletin de veille a pour objectif de valoriser l'information produite par d'autres sites que l'EHESP et sélectionnée par les documentalistes de l'EHESP. Si une information de votre site a été mentionnée et que cela ne vous convient pas, merci de nous contacter par mail