1. Welcome: EUPHA and ASHPER

2. Plenary Presentations: abstracts

Plenary Session 1: Thursday 14 November 2013, 13:00-14:00
Plenary Session 2: Thursday 14 November 2013, 17:40-18:40
Plenary Session 3: Friday 15 November 2013, 09:00-10:00
Plenary Session 4: Friday 15 November 2013, 16:40-17:50
Plenary Session 5: Saturday 16 November 2013, 14:00-15:00

3. Oral presentations: abstracts

Parallel Session 1: Thursday 14 November, 14:00-15:30
B.1. Skills building seminar: Everything you always wanted to know about EU health policy but were afraid to ask
C.1. Round table: Health (impact) Assessments – enriching the policy cycle
D.1. Workshop: Context matters: social and cultural factors in health behaviour research
E.1. Round table: The silent revolution towards sustainable health care systems in Europe
F.1. Austerity
G.1. Child health
H.1. Skills building seminar: A scenario building exercise for the future burden of disease in Europe
J.1. Round table: Europe’s role in combating non-communicable diseases in a globalized world
L.1. Round table: European Health Information System: Steps from idea to reality
M.1. Cross border care
N.1. Preventing alcohol related harm
O.1. Health for older adults
P.1. Workshop: Tools for addressing regional health inequalities

Parallel Session 2: Thursday 14 November, 16:00-17:30
A.2. Workshop: The EU health programme 2014-2020
B.2. Capacity building in public health
C.2. Health determinants
D.2. Workshop: From repair to prepare: – the contribution of health to social cohesion
E.2. Health services
G.2. Public health miscellaneous
H.2. Workshop: Health expectancy: an overarching population health outcome indicator for health policy
J.2. Risk factors for disability
K.2. Workshop: Fact or fiction: ‘European physical activity policies are evidence-based’
L.2. Workshop: Improving public health information systems across Europe: which contribution of syndromic surveillance?
M.2. Workshop: Measles in Europe: Challenges in the field
N.2. Mental health
O.2. Workshop: Age-related changes in health in European populations
P.2. Inequalities

Parallel Session 3: Friday 15 November, 10:30-12:00
A.3. Round Table: Bridging the gap between policy and practice in Roma health: from common European goals to local achievements
B.3. Ferkic Bojan Young Investigator Award
C.3. Workshop: Road Traffic Accidents & Drugs and Alcohol – A public health concern
D.3. Workshop: From repair to prepare: – the contribution of health to social cohesion
E.3. Workshop: Assessing and addressing non-response in population health studies
J.3. Disability
K.3. Obesity and diabetes
L.3. Workshop: Towards an integrative European perspective on health human resources policy: how and why?
M.3. Public health and infectious diseases
N.3. Workshop: Well-being concepts and measurement
O.3. Workshop: Pampers or pamper? Should we celebrate an ageing population or fear it?
P.3. Inequalities

Parallel Session 4: Friday 15 November, 13:30-15:00
A.4. Workshop: How can public health research respond to new trends and lead to sustainable societies?
B.4. Skills building seminar: Grant proposal writing
C.4. Environmental threats to health
D.4. Workshop: Coordinating public health: comparing innovative approaches and practices across health systems
E.4. Round table: Measuring and optimizing the impact of European health care research on policy and practice
F.4. Round table: Access to medical innovation in times of austerity: a right for all or a privilege for the wealthy?
G.4. Workshop: Children and adolescents with neurodevelopmental disorders: challenges and opportunities
H.4. Workshop: Using Health Claims Data in Health Services Research – a Blessing or a Curse?
J.4. Workshop: An Optimal European Chronic Care Framework: Towards Implementation and Benchmarking
K.4. Nutrition and eating disorders
L.4. Information and quality
M.4. Round table: Risk communication for the prevention of communicable diseases – Introducing a new risk communication paradigm
N.4. Mental disorders
O.4. Workshop: Loneliness – a public health issue?
P.4. Skills building seminar: The Miniature City concept: a new approach to making urban health comparisons

Parallel Session 6: Saturday 16 November, 09:00-10:30
A.6. Workshop: Austerity, social exclusion and health in Europe
B.6. Skills building seminar: Public Health competencies for young professionals: a 90 minute work-out to face future challenges in public health communication
C.6. Violence and sex
D.6. Tobacco and substance abuse
E.6. Assuring quality in primary care
F.6. Migrant health
G.6. Workshop: Effective public health action – examples from childhood injury prevention
H.6. Skills building seminar: Understanding, interpreting and calculating Disability-Adjusted Life Years (DALYs)
J.6. Risk factors in sickness absence
K.6. Physical activity
M.6. Prevention of infectious diseases
N.6. Workshop: Men's Mental Health
O.6. Workshop: Implementation and evaluation of integrated chronic care management in various European countries
P.6. Health inequalities 2

Moderated Poster Session: Friday 15 November, 15:00-16:00
A.5. European public health: where do we go from here?
B.5. This will build your capacity (miscellaneous)
6TH EUROPEAN PUBLIC HEALTH CONFERENCE

Health in Europe: are we there yet?
Learning from the past, building the future

Brussels, 13–16 November 2013

ABSTRACT SUPPLEMENT

Guest editors: Martin McKee, Walter Ricciardi, Dineke Zeegers Paget

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3rd vaccine dose. In patients vaccinated >180 days before surgery, the fraction of those presenting anti-HBs titer <10.1 mIU/ml was significantly (p=0.0005) higher in those vaccinated with a 2-dose regimen compared to vaccinated with 3 doses.

Conclusions
1. The preoperative vaccination policy seems to be an effective public health tool to limit the spread of the epidemic.
2. However, a 2-dose vaccination schedule does not protect a significant fraction of operated patients against HBV infection, especially those vaccinated less than 2 months before surgery.

Key message
• Current recommendations regarding a preoperative 2-dose vaccination schedule in Poland should be revised.

Evaluation of the Italian sentinel surveillance system for acute viral hepatitis (SEIEVA)
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A reliable surveillance system is the key to establishing connections between the epidemiological situation and the planning, monitoring and evaluation of public health interventions. Periodic evaluation of surveillance systems is essential to verify whether they are operating efficiently.

In Italy, viral hepatitis is a statutorily notifiable disease and cases are reported to the notification system of the Ministry of Health. In addition, a voluntary sentinel surveillance system, named SEIEVA, coordinated by the National Institute of Health, has been active since 1985 to promote monitoring and control of acute viral hepatitis infections at both local and national levels.

The aim of the present study was to assess the performance of SEIEVA, from the years 2007 to 2010, in accurately monitoring viral hepatitis cases in Italy.

A literature review was performed to identify system attributes to be evaluated and to select the appropriate indicators for measuring sensitivity, representativeness, data quality, and timeliness of the system.

During the study period 5,851 acute viral hepatitis cases were notified to SEIEVA. More than half of the observed cases were attributable to hepatitis A virus (HAV) (51.8%) and 33.9% to hepatitis B (HBV). Overall, 64.6% of reports had data on all relevant serological markers and the representativeness of the system was 71.7%. Complete information on gender, age and city of residence was available for 91.9% of reports. Data on major risk factors for HAV were available for 96.7% of cases, while risk factors for HBV were available in only 84.0%. Information on date of diagnosis and date of interview of the patients was available for 5,812 reports (99.3%).

Statistically significant differences in sensitivity and representativeness were observed between geographical areas, with higher values reported for both attributes in central Italy. In addition, a significantly higher percentage of cases reported in central Italy had complete information on risk factors for HBV and HCV, vaccination status and outcome of infection. Monitoring and evaluation of the SEIEVA system was critical to assessing its performance by providing evidence of the validity of the data and identifying areas where surveillance needs to be strengthened.

Key messages
• A reliable surveillance system is the key to establishing connections between the epidemiological situation and the planning, monitoring and evaluation of public health interventions.
• Monitoring and evaluation of the SEIEVA was critical to assessing its performance by providing evidence of the validity of the data and identifying areas where surveillance needs to be strengthened.

Unwanted stethoscopes’ hosts
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Background
Stethoscopes are probably the most common medical device used by physicians. They represent a carrier of bacteria and other microorganisms and may play a role in the spread of health-care associated infections (HAI). HAIs are the most frequent adverse event of health care and represent a significant cause of morbidity, mortality and increase of health care costs. Prevention of these infections involves regular disinfection of instruments and devices. The aim of this study was to evaluate the contamination levels of stethoscopes before and after use of a disinfecting technique (DT).

Methods
We conducted a cross-over study involving different departments of three Italian hospitals. We evaluated: i) contamination on 74 shared and non shared stethoscopes; ii) bacterial load before and after use of a putty compound, composed primary by ethanol, combined with water, guar, colorants and odorants; it has a malleable-elastic consistency, which adheres and removes the dirt, in combination with disinfecting activity. Total bacterial count (BTC) at 36°C and 22°C, Staphylococcus spp., moulds, Enterococcus spp., Pseudomonas spp., Escherichia coli and total coliform bacteria were evaluated.

Mann Whitney and Wilcoxon tests were used to assess statistical differences (p<0.05).

Results
Before applying the disinfecting technique, 49 out 74 stethoscopes were positive for BTC at 36°C, 48 for BTC at 22°C, 40 for Staphylococcus spp., 18 for methicillin-resistant Staphylococcus aureus (MRSA), 33 for total coliform, 5 for Enterococcus spp. and 2 for moulds. After cleaning, the percentage reduction in CFUs in all samples was 99.8% for BTC at 36°C; 99.9% for BTC at 22°C, 99.7% for coliforms, 99.8% for Staphylococcus spp., 100% for E. coli, Enterococcus spp. and MRSA. Shared stethoscopes proved to be less contaminated with E. coli, Enterococcus spp., Staphylococcus spp. and MRSA than non shared ones (p<0.05).

Conclusions
Our results suggest that stethoscopes must be considered an important carrier of nosocomial infection. The disinfecting technique tested was effective in reducing bacterial contamination.

Key messages
• Stethoscopes can be consider important carriers of health-care associated infections.
• This research describes a rapid, useful and effective disinfecting technique for medical devices.