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## P7-11

### The role of subjective social status in socioeconomic inequalities in mortality: Evidence from the English longitudinal study of ageing (ELSA)

P. Demakakos, J. Biddulph, G. Tsakos, M. Marmot, C. De Oliveira\*  
*Epidemiology & Public Health, University College London, London, United Kingdom*

\* Corresponding author.

E-mail address: [d.cadar@ucl.ac.uk](mailto:d.cadar@ucl.ac.uk) (C. De Oliveira)

**Objectives** To study whether subjective social status (SSS) was associated with mortality and its role in the associations between objective socioeconomic position (SEP) measures and mortality.

**Methods** Cox regression was used to model the associations between SSS (measured using a 10-point continuous scale), objective SEP measures and mortality in a sample of 9972 people aged  $\geq 50$  years from the English Longitudinal Study of Ageing over a 10-year follow-up (2002–2013).

**Results** SSS was associated with all-cause, cardiovascular, cancer and other mortality. Adjustment for covariates fully explained the association between SSS and cancer mortality, and partially the remaining associations. In people aged 50–64 years, SSS mediated to a varying extent the associations between objective SEP measures and all-cause mortality. In people aged  $\geq 65$  years, SSS did not mediate much these associations, and to some extent was associated with mortality independent of objective SEP measures. In both age groups, wealth partially explained the association between SSS and mortality.

**Conclusions** SSS is a strong predictor of mortality at older ages. Its role in the association between objective SEP and mortality appears to be complex.

**Keywords** Socioeconomic position; Health inequalities; Mortality

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5.16% (95% confidence interval, 4.48–5.84). The coverage rate was not associated with gender, age, education, household income or underlying chronic diseases. The likelihood of receiving the vaccine was higher for older people living with family/friends than those living alone ( $P < 0.05$ ). Among the unvaccinated respondents, lack of awareness of the influenza vaccine was the most common reason for not being vaccinated (48.32%, 2012/4164).

**Conclusions** Influenza vaccination coverage is very low among older people in Shanghai, and public awareness of the influenza vaccine needs to be enhanced. Our results highlight the need for an appropriate influenza vaccination strategy and program targeting the older population.

**Disclosure of interest** The authors declare that they have no competing interest.

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## P7-13

### Tobacco use during pregnancy among native and migrant women in Portugal. Results from the Bambino study

C. Teixeira\*, S. Al Hamwi, M. Carrapatoso, M. Cancela, C. Lisi, S. Lopes, H. Barros

*EPIUnit, Instituto de Saúde Pública, Universidade do Porto, Porto, Portugal*

\* Corresponding author.

E-mail address: [cristina.teixeira@ipb.pt](mailto:cristina.teixeira@ipb.pt) (C. Teixeira)

**Introduction** Tobacco use is a major modifiable risk factor of adverse maternal and fetal health outcomes. Being a migrant has been associated with lower risk of smoking during pregnancy. However, it remains a matter of debate whether such association could be explained by other sociodemographic characteristics or whether such effect remains or increases according to the length of stay in the host country. This study examined the differences in maternal smoking prevalence between native, long-term and recent migrant women in Portugal.

**Methods** This study was derived from baMBINO, a national project grounded on 32 public maternity units in mainland Portugal aiming to investigate the differences in perinatal healthcare and outcomes among migrant and native women. Recruitment took place during admission for delivery, inviting both native and foreign-born women. Participants included in this analysis ( $n = 1107$ ) were classified according to their country of birth and length of stay in Portugal into: native (Portuguese-born), recent migrant (foreign-born women who spent 10 years or less in Portugal), and long-term migrants (foreign-born women who spent more than 10 years in Portugal). Logistic regression model was fitted to estimate the association between the aforementioned migration statuses and having or not smoked tobacco during pregnancy, taking into account women's age, parity, marital status, level of education, family income, country of origin of women's parents and gestational age at the first prenatal care visit. Adjusted odds ratio (OR) and respective 95% confidence interval (95% CI) were obtained.

**Results** A little over half of the study participants were foreign-born and almost 60% of those were recent migrants. Tobacco smoking during pregnancy was evidently more prevalent among native women than among long-term or recent migrant women (14% vs. 8% and 4% respectively;  $P < 0.001$ ). Compared to native women, both long-term and recent migrant women were more likely to be unmarried, have a family income lower than 1000€, and have their first prenatal visit after 12 weeks of gestation. Long-term migrants were more likely to have Portuguese-born parents than recent migrants (26.0% vs. 2.5%;  $P < 0.001$ ). According to the multivariate regression model, having a higher educational level was significantly associated with not smoking during pregnancy (secondary school: OR = 0.38; 95% CI: 0.23–0.62; postgraduate education: OR = 0.18; 95% CI: 0.09–0.35), opposed to women who have 9 or less years of education. However no association was observed between smoking during pregnancy and maternal age (OR = 1.10; 95% CI: 0.60–2.01 and OR = 0.95; 95% CI: 0.57–1.58 for women aged less than 25 and 35 or more years, respectively, in comparison with women aged 25–34 years), family income (OR = 1.30; 95% CI: 0.77–2.18 for women with higher income), parity (OR = 0.68; 95% CI: 0.43–1.09 for multiparous in comparison with primiparous women), gestational age at first prenatal visit (OR = 1.12, 95% CI: 0.59–2.11 for women having their first prenatal visit after 12 weeks), having a foreign-born parent (yes vs. no: OR = 0.83; 95% CI: 0.43–1.63) and marital status (single vs. married women: OR = 0.76; 95% CI: 0.46–1.24). Smoking during pregnancy was significantly less frequent in recent



## P7-12

### Influenza vaccination coverage and its influencing factors among older people in Shanghai, China: A cross-sectional study

C. Ye<sup>a,b</sup>, W. Zhu<sup>b</sup>, Q. Sun<sup>c</sup>, G. Zhao<sup>a,\*</sup>

<sup>a</sup> School of Public Health, Fudan University, Shanghai, China

<sup>b</sup> Infectious disease control and prevention, Shanghai, China

<sup>c</sup> Chief office, Pudong New Area Center for Disease Control and Prevention, Shanghai, China

\* Corresponding author.

E-mail address: [gmzhao@shmu.edu.cn](mailto:gmzhao@shmu.edu.cn) (G. Zhao)

**Introduction** Older people have the highest risk of mortality from influenza, and vaccination is the most effective prevention measure. As one of the most developed cities worldwide, Shanghai faces a rapid increase of proportion of older people. However, in Shanghai and most cities of China, the influenza vaccine has not been covered by the national Expanded Program of Immunization, and little is known regarding influenza vaccine usage among older individuals. This study aimed to assess the influenza vaccination coverage rate (VCR) among older people in Shanghai during the 2016–17 influenza season and to determine the reasons for vaccination or non-vaccination. The findings of this study are intended to provide scientific evidence for the implementation of appropriate strategies and programs targeting older people.

**Methods** A retrospective cross-sectional survey was conducted in September 2017 in 24 randomly selected communities from 46 ones in this district. In total, 4417 participants were selected from community-dwelling people aged 60 and older using quota sampling in each community. Influenza vaccination status in 2016–17 season and the related reasons for receiving or not receiving the influenza vaccine were investigated via face-to-face interview. Vaccination coverage rate was calculated and adjusted by gender and age. Logistic regression was used to assess the influencing factors of vaccination status.

**Results** In total, 253 respondents received an influenza vaccine during the 2016–17 influenza epidemic season, yielding an adjusted vaccination rate of



and long-term migrants (OR = 0.24; 95% CI: 0.10–0.57, OR = 0.52, 95% CI: 0.25–1.09, respectively) compared with native Portuguese women.

**Conclusion** Results of this study demonstrated significant disparities in the prevalence of maternal smoking during pregnancy according to the women's place of birth and duration of stay in Portugal. Native-born women had a higher risk of smoking during pregnancy than foreign-born women. The increase in the duration of stay in the host country seemed to have a negative effect on maternal smoking of migrants in Portugal. Smoking cessation health strategies in pregnant women in Portugal need to be improved by taking into account the mentioned variations in smoking behaviors.

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## P7-14

### Associated factors with the water pipe smoking and use of other tobacco products among students, Brazil, 2015

D. Malta<sup>a,\*</sup>, A. Hallal<sup>b</sup>, I. Machado<sup>a</sup>, R. Prado<sup>c</sup>, P. Oliveira<sup>d</sup>, M. Campos<sup>d</sup>  
<sup>a</sup> School of Nursing, Universidade Federal de Minas Gerais, Belo Horizonte, Brazil

<sup>b</sup> Public Health Department, Universidade Federal de Santa Catarina, Florianópolis, Brazil

<sup>c</sup> School of Medicine, Universidade de São Paulo, São Paulo, Brazil

<sup>d</sup> Health Surveillance Secretariat, Brazilian Ministry of Health, Brasília, Brazil

\* Corresponding author.

E-mail address: [dcmalta@uol.com.br](mailto:dcmalta@uol.com.br) (D. Malta)

**Aim** The aim is to identify the associated factors with other tobacco use among the Brazilian students.

**Methods** This is a cross-sectional study using secondary data from National School Health Survey (PeNSE). The sample was composed by 9th grade students from public and private schools.

**Results** Consumption of other tobacco products increased from 4.8% (95% IC = 4.6–5.0) in 2012 to 6.1% (95% IC = 5.7–6.4) in 2015, with a higher proportion among boys. Water pipe was the most commonly used product (71.6%; 95% CI = 68.8–74.2) and their use was higher among girls. Associated factors with the highest proportion of use of other tobacco products were: private school, living with mother and/or father, current work, do not have close friends, family aggression, skipping school, use of tobacco and alcohol, have tried drugs, have had sex, have a parent or guardian that smoke and have seen people smoking. The protective factors were: female, brown or indigenous race, increasing age, to make five or more weekly meals with the guardian, to have family supervision and to practice daily physical activity.

**Conclusion** The use of other tobacco products is high and increasing among Brazilian schoolchildren, especially water pipe. It is important to improve the awareness about the risks and the surveillance of the use of other tobacco products, as well as to move forward with the tobacco control policies in Brazil.

**Disclosure of interest** The authors declare that they have no competing interest.

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## P7-15

### Preventable deaths by actions of the Public Health System in Brazilian population (2000–2013)

D. Malta<sup>a,\*</sup>, R. Saltarelli<sup>b</sup>, R. Prado<sup>c</sup>, R. Monteiro<sup>c</sup>, M. Almeida<sup>d</sup>, Í. Machado<sup>a</sup>

<sup>a</sup> School of Nursing, Universidade Federal De Minas Gerais, Belo Horizonte, Brazil

<sup>b</sup> Department of Medicine and Nursing, Universidade Federal de Viçosa, Viçosa, Brazil

<sup>c</sup> School of Medicine, São Paulo, Brazil

<sup>d</sup> Faculty of Public Health, Universidade de São Paulo, São Paulo, Brazil

\* Corresponding author.

E-mail address: [dcmalta@uol.com.br](mailto:dcmalta@uol.com.br) (D. Malta)

**Introduction** The causes of preventable or reducible deaths are defined as those that can be totally or partially prevented by effective actions of the health services. Studies have indicated a significant reduction in deaths due to preventable causes in Brazil and have reinforced the importance of advancing in analyzes of the differentials of mortality rates due to preventable causes according to age groups, regions and municipalities.

**Objectives** To analyze the mortality trend in the Brazilian population from 5 to 69 years, in Brazil and regions, using the “Brazilian List of Causes of Preventable Deaths”.

**Methods** This is an ecological study of time series of the standardized mortality rate for preventable and non-preventable causes in the period between 2000 and 2013, with corrections for ill-defined causes and under-reporting of deaths.

**Results** There was a decline in the mortality rate in the Brazilian population aged 5–69 due to preventable causes (1.6% per year) and non-preventable (1.4% per year). We also found a decrease in all groups of causes of preventable deaths in 2000–2013 period. The study draws attention to the increase in deaths from specific causes, such as pneumonia (1.9% per year) and transport accidents (0.6% per year), and to the stability in deaths due to aggressions and intentional self-harm. Deaths due to non-communicable diseases fell by 2.2% per year and was highest in the age group 60–69 in 2013.

**Conclusion** Rates of preventable deaths are still high, especially for non-communicable diseases and external causes. These causes of death are sensitive to health promotion interventions and, therefore, this study reinforces the need to focus on these causes of illness and death and their risk factors.

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## P7-16

### Do patients' SEP influence therapeutic strategy in acute myeloid leukaemia: Results from a French longitudinal observational study

E. Berger<sup>a</sup>, C. Delpierre<sup>a</sup>, F. Despas<sup>b</sup>, E. Berard<sup>c</sup>, C. Recher<sup>d</sup>, S. Lamy<sup>a,\*</sup>

<sup>a</sup> UMR 1027, Inserm, University of Toulouse 3 Paul-Sabatier, Toulouse, France

<sup>b</sup> Service de Pharmacologie, CHU de Toulouse, Toulouse, France

<sup>c</sup> Service d'Épidémiologie, CHU de Toulouse, Toulouse, France

<sup>d</sup> Service d'Hématologie, (ICUT-O), CHU de Toulouse, Toulouse, France

\* Corresponding author.

E-mail address: [sebastien.lamy@inserm.fr](mailto:sebastien.lamy@inserm.fr) (S. Lamy)

**Introduction** Several studies highlight the influence of socioeconomic position (SEP) on cancer survival, especially through treatment choice. However, data on hemopathy are scarce. Specific studies on acute myeloid leukaemia (AML) found an association between educational level and access to transplantation, SEP and survival or neighborhood SEP and access to chemotherapy and transplantation. However, these studies were done in countries with health systems that are not the same as in France. In this study, we investigate the influence of SEP on the treatment received among patients of at least 60 y with AML using data from France, i.e. in settings of tax-supported Health Care System and policy aiming at harmonizing the quality of care as the National ‘cancer plans’.

