injection drug use (IDU) in order to inform health care policy. METHODS: Systematic review of the literature identified articles with information on the mean duration of infection and the prevalence of cirrhosis for those who obtained HCV infection through IDU. Data on mean age, mean alanine aminotransferase (ALT) enzyme levels, proportion male, proportion with HIV co-infection, proportion with alcohol abuse, and study setting (academic liver clinic, community-based clinic or addiction therapy) were abstracted. Summary progression rates were estimated using random effects Poisson meta-regression, fitted with WinBUGS software. Uninformative prior distributions were used. The impact of study co-variates on the progression rate was assessed by estimating the posterior probability that the relative risk (RR) exceeds 1.0. RESULTS: Systematic review identified 5225 abstracts. Abstract review identified 459 relevant articles and a total of 41 articles met the inclusion criteria. Each of the 41 studies had a retrospective study design. The progression rate estimate (adjusted for all co-variates) was 11.2 per 1000 person-years (95% Credible Region, 4.9 to 27.2 per 1000 person-years) corresponding to a 20-year cirrhosis prevalence of 20.2% for patients with chronic HCV infection, in a community-based clinic/addiction therapy setting, in which patients at advanced stage of disease are excluded. Faster progression was associated with a greater proportion male and a greater proportion with alcohol abuse, but not a greater proportion co-infected with HIV (probability RR > 1 = 0.90, 0.84, and 0.56, respectively). Two studies (one with a large sample size) that demonstrated no difference in prognosis associated with HIV co-infection may explain this counterintuitive result. CONCLUSION: Progression rate estimates for patients who contracted HCV through substance abuse are similar to estimates derived from post-transfusion or liver clinic cohorts.

CONCLUSION: Different physicians have different antibiotic prescribing habits. It is important to examine the prescribing to reach a consensus of best practices in the ED.

OBJECTIVE: Due to the increasing costs for antibiotics and increasing resistance in Slovakia the educative project S-MedDial was established in the cooperation with professional companies, under the guarantee of the General Health Insurance Fund. The project evaluates prescription habits in respiratory infections, monitors antibiotics resistance for main bacterial pathogens and provides individual feedback to paediatrists with the aim to rationalize the antibiotics prescription and to decrease the resistance risk. METHODS: Antibiotic prescription habits were analysed from 2003 to 2006 for 73 doctors in 5 region based on both the prospective data from protocols (14537 protocols in y.2006) and the retrospective claims insurance data. Analysis was based on the established comparison system of prescription profiles and individual feedback was provided to each practitioner during regional meetings of project members. RESULTS: Every second child with respiratory infection was treated with antibiotics. In the whole patient group the most frequently indicated drugs were macrolides (25.9%), followed by basic penicillins (20.4%) and penicillins potentiated with beta-lactamase inhibitors (19.9%). Macrolides were most frequently prescribed in region Bratislava (37.3%) and Nitra (35.4%). In region Presov there were aminopenicillins potentiated with beta-lactamase inhibitors indicated mostly (22.3%), in Trebisov broad-spectrum penicillins (28.4%) and in Zvolen basic penicillins (30%). From macrolides the most frequently prescribed was azithromycin followed by claritromycin. In all cooperating regions the antibiotics costs were reduced by 5.1% per patient. Significant differences in antibiotics prescription in regions were not only in the number of indicated antibiotics but also in their spectrum. The usage of antibiotics in the prospective study was decrease the most in Presov, from 67.8 % to 49.6%. CONCLUSION: S-MedDial project represents an option for increase of antibiotics prescription quality while using the prescribing practitioners’ education. Analysis of antibiotics prescription habits is suitable not only for cost control but also for antibiotics prescription implications on resistance trends.

OBJECTIVE: To assess the availability and accessibility of acyclovir in the public and private sectors of eight sub-Saharan African countries. METHODS: A qualitative study was carried out in Botswana, Kenya, Malawi, South Africa, Tanzania, Uganda, Zambia and Zimbabwe over a 2-month period. Two standardised questionnaires were used: one targeting Ministry of Health officials to elicit information on drug procurement and distribution in the public sector including treatment policies for...