German. Leaving aside the forward translation and back translation stages, where the whole text is changed, the grid for each stage was reviewed, and changes counted. The types of changes were also considered, to evaluate what each step contributes to the overall translation process. RESULTS: 1) The reconciliation stage and second forward translation allowed the investigator to reconsider their own forward translation and make improvements; 2) the back translation review caught some items where the translation required improvement; 3) only minor changes were necessary at developer review stage; 4) harmonisation allowed tweaks to be made so that all language versions were conveying the same meanings; 5) very few changes were needed following pilot testing; and 6) proofreading caught grammatical and formatting errors. CONCLUSION: As the translations went through the methodology, improvements to the quality and accuracy were made. The forward and back translation processes iron out problematic wordings. Although in terms of numbers of changes the developer review and pilot testing appear to have little effect, these stages serve as an important check of the previous steps. Without harmonisation, the versions may not have been so close in meaning. Proofreading is an important step in removing formatting and grammatical errors that may have crept in when creating the formatted documents from the grids used for the translation process.

**EFFECTS OF COMORBID CONDITIONS AMONG THE OVERWEIGHT/OBSESE ON WORK PRODUCTIVITY LOSS AND ACTIVITY IMPAIRMENT**

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OBJECTIVES: To assess the effects of comorbid type 2 diabetes, high cholesterol or hypertension on work productivity loss and activity impairment among overweight/obese individuals.

METHODS: The study sample consisted of individuals who responded to the National Health and Wellness Survey (NHWS) between March and June of 2006. The NHWS is a nationally representative, annual, Internet-based survey of non-institutionalized adults aged 18 and older. It gathers information regarding respondent demographics, health status, and outcomes. Overweight/obesity was defined as BMI > 27. Analyses were conducted on the 19,759 respondents who fit this criterion. Respondents reported diagnoses of three comorbid conditions: type 2 diabetes, high cholesterol, hypertension. The Work Productivity and Activity Impairment Questionnaire was used to assess lost productivity and impairment. Linear regression models were used to determine the independent effects of combinations of the three comorbid conditions on productivity loss and activity impairment. RESULTS: Among obese respondents, 59.35% had at least one of the three specified comorbid conditions. Individuals with comorbidities were older (diabetes, mean age 56.9 versus 48.1, p < 0.001) and less likely to be employed full-time (hypertension 30.9% versus 48.3%, p < 0.001). Significant differences were noted between those with and without the conditions in bivariate analysis. Greater work productivity loss was observed for those with diabetes (26.0% versus 20.2%, p < 0.001), high cholesterol (24.1% versus 19.5%, p < 0.001) or hypertension (24.4% versus 19.2%, p < 0.001). Increased impairment with daily activities was reported among those with diabetes (27.1% versus 21.2%, p < 0.001), high cholesterol (25.7% versus 20.2%, p < 0.001), or hypertension (25.3% versus 20.2%, p < 0.001). After controlling for confounders, the presence of all three comorbid conditions was the strongest correlate of work productivity loss and activity impairment in multivariate analyses (B = 13.992, p < 0.001 & B = 13.397, p < 0.001 respectively). CONCLUSION: Overweight/obese individuals with multiple comorbid conditions reported significantly higher work productivity loss and impairment with daily activities.

**INFECTION—Clinical Outcomes Studies**

**PIN1**

**SYSTEMATIC REVIEW OF THE SAFETY OF ANTIRETROVIRAL THERAPIES FOR REDUCING THE RISK OF MOTHER-TO-CHILD TRANSMISSION OF HIV INFECTION**

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OBJECTIVES: To evaluate the safety of antiretroviral therapies (ART) in decreasing the risk of mother-to-child transmission (MTCT) of HIV infection. METHODS: Clinical trials of ART aimed at decreasing the risk of MTCT was systematically identified through electronic searches (MEDLINE, EMBASE, BIOSIS, EBM review, and the Cochrane Library) up until November 2006. Historical search through the reference lists of relevant articles was also undertaken. For a trial to be included, it had to be randomized controlled trial of any ART aimed at decreasing the risk of MTCT and reporting safety data in mothers and/or infants. The safety was estimated using RR, RD, and NNT together with 95% confidence intervals. RESULTS: Eleven trials were included in the meta-analysis. MTCT prophylaxis with zidovudine monotherapy and the combination with lamivudine were not associated with congenital abnormality, short-term hematological, and laboratory toxicities both among pregnant women and infants. The zidovudine alone or in combination with lamivudine caused no more adverse events than placebo. MTCT prophylaxis with nevirapine was not associated with rash or hepatotoxicity or any serious adverse events among pregnant women when compared with zidovudine alone or in combination with lamivudine. CONCLUSION: This systematic review suggests that antiretroviral therapies are safe when used for preventing MTCT.

**INFECTION—Cost Studies**

**PIN2**

**THE NATIONAL HEALTH FOUND BUDGET IMPACT ANALYSIS OF INFLUENZA VACCINATION REIMBURSEMENT IN CHILDREN WITH MALIGNANCIES IN POLAND**

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OBJECTIVES: To estimate the impact on the National Health Found budget of influenza vaccination (Influvac®) reimbursement in children with malignancies in Poland. METHODS: Two strategies were compared: influenza vaccination and no-vaccination. Population: children with malignancies, <15 years. Proposed vaccination program coverage: 2000 children. Expected consequences of vaccination on direct medical costs, related to flu management were assessed and costs of vaccination in proposed population were calculated. Analysis model was performed using Polish cost and partly Polish clinical data from published sources. RESULTS: In proposed population of 2,000 children with malignancies in one year time horizon in Poland reimbursement costs were 120,000 PLN. Saving due to influenza vaccination were 11.75 PLN per oe vaccinated children. Costs reduction in vaccinated population were mostly dependent on flu complications incidence and related costs reduction. Expected