identify significant potential determinants. RESULTS: The decision of vaccination for influenza virus H1N1 was associated with factors related to education, income, interaction between education and income, gender, trust to Public Health Organizations and perceptions about the health effects of influenza virus H1N1. Individuals of higher education and income do not intend to get vaccinated. This also holds for individuals who express low degree of trust to or believe that the H1N1 virus is not a serious threat to human health. CONCLUSIONS: We identified several socioeconomic and demographic factors affecting individual intent to get vaccinated for H1N1. Personal beliefs about the health effects of H1N1 virus and trust to Public Health Organizations were also significant predictors of vaccination intent.

PARENTS’ DILEMMA WHETHER OR NOT TO VACCINATE THEIR CHILDREN AGAINST INFLUENZA A (H1N1)

METHODS: A telephone survey was conducted in a random sample of 12,639 households stratified by geographical area using a strictly structured questionnaire designed for the purpose of the study. The survey lasted from October 2009 to January 2010. A logistic regression analysis was conducted in order to identify the factors that parents’ decision to vaccinate their children. The Hosmer–Lemeshow criterion was used to check the model’s goodness of fit. RESULTS: A total of 3385 households were eligible and were included in the analysis. Education, income, concern about H1N1 and trust to the CDC were statistically significant. According to the analysis the lower the levels of education (OR 0.64) and income (OR 0.80) of the parents the lower the probability to vaccinate their children. However, the interaction term between education and income showed a positive relationship between these and the dependent variable. The greater the concern about H1N1 and the trust to the CDC the higher the probability for the parents to vaccinate their children. The Hosmer–Lemeshow goodness of fit test statistic was 0.52 suggesting satisfactory fit of the model.

CONCLUSIONS: Based on our results concerns about the H1N1 and trust on the CDC were influencing positively the decision for vaccination. The negative relationship between education and income and parents’ decision for vaccination was interesting and need further investigation. Results can explain the low vaccination rates against H1N1 in Greece and can be used by policy makers to improve future vaccination campaigns.

ESTIMATION OF PATIENTS WITH ANTIRETROVIRAL THERAPY POTENTIALLY USED FOR HIV PREVENTION (POST-EXPOSURE PROPHYLAXIS, MOTHER-TO-CHILD TRANSMISSION PROPHELYAXIS) IN GERMANY

OBJECTIVES: Determine the number of patients who received antiretroviral therapy (ART) potentially prescribed for prevention of HIV infection in Germany in 2008.

METHODS: A representative panel of 1,193,464 patients from different nationwide operating government sick funds were analyzed in 2008. Patients with a confirmed diagnosis of HIV (ICD-10: B20-24). 64.8%, B75: 0.9%; B85: 0.6%; B60-61: 14.9%; Z21: 18.8% were included. In addition, an IMS pharmacy panel (LRx) with 26,815 patients who had received ART identified by ATC Code J05C (Tenofovir was excluded because of use in Hepatitis) in October 2008 to September 2009 were analyzed (54% of all patients with ART-prescriptions). RESULTS: Sick funds 927 patients with HIV diagnosis were identified (0.08% of the panel), 548 received an ART (treatment rate 59.1%). Pharmaceuticals: 46% of patients received an ART prescription in 4 quarters, 16.9% in 3 quarters, 12.1% in 2 quarters and 24.9% in 1 quarter. 17.5% received prescriptions only on 1 day while of these patients 12% did not have any other ART prescription at least 4 months before or after the analysis period. Patients who received prescriptions on 1 day only, were younger, more often female and received more often Lopinavir/Ritonavir compared to patients who received prescriptions on more days. When extrapolating the numbers to the German governmental insured population and comparing the numbers from sick funds of patients with a confirmed diagnosis receiving ART with patients who received an ART from pharmacies, about 30% of patients with ART prescription could not be matched to a confirmed diagnosis.

CONCLUSIONS: Thirty percent of patients received ART prescriptions without confirmed HIV diagnosis. Twelve percent of patients received ART prescriptions on one day only. Since these patients were younger, more often female and received agents more often as a prophylactic regimen, we assume that prescription of ART for prevention or post-exposure prophylaxis is likely in this group.