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Knowledge, attitudes and intentions of healthcare university students on H1N1 vaccine: A Malaysian insight

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Swine flu (H1N1) pandemic was confirmed on June 11th, 2009 by the World Health Organization (WHO). The WHO declared the pandemic over by August 10th, 2010, by which time 214 countries had reported laboratory confirmed cases, which included 18449 deaths. The H1N1 influenza pandemic had garnered a large amount of attention. Currently, the most effective preventive measure available is the H1N1 vaccine. In contrast to seasonal influenza epidemics, in the 2009 H1N1 pandemic, younger age groups were disproportionately affected compared with older age groups. Thus, the objective of this study was to assess the behavioral perceptions of H1N1 influenza vaccination among healthcare students studying in a university in Malaysia. This cross-sectional study invited 350 students to complete a self-administered questionnaire that assessed the knowledge, attitudes and intentions towards H1N1 influenza vaccination. Data analysis included the estimation of knowledge scores ranging from 0 to 10, attitude scores ranging from most positive (10) to most negative (0) and intention scores ranging from lowest intention (0) to highest intention (10). With a response rate of n=280 (85%), 31.5% never heard of the vaccine before and only 27.7% were already H1N1 influenza vaccinated. The median knowledge score of 51.5±1.32% reflected poor to moderate knowledge. Still, the median attitude score of 8.47±0.05 shows a general positive attitude towards H1N1 influenza vaccination where most of the participants agreed that university students have a good chance of acquiring H1N1 influenza infection (51.2%) and that all medical practitioners should recommend the vaccine (81.0%). Students in healthcare programs and those who are vaccinated had significantly higher knowledge scores compared with students in non-healthcare programs and H1N1 non-vaccinated students, respectively. This study highlights the importance of offering guidance to university students about H1N1 and its vaccination in developing countries where the incidence of such infections is on the rise.

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Men traveling away from home are more likely to bring malaria into high altitude villages, northwest Ethiopia

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Information about malaria risk factors at high altitudes is scanty. Understanding the risk factors that determine the risk of malaria transmission at high altitude villages is important to facilitate implementing sustainable malaria control and prevention programs. An unmatched case control study was conducted among patients seeking treatment at health centers in high altitude areas. Either microscopy or rapid diagnostic tests were used to confirm the presence of *Plasmodium* species. A generalized linear model was used to identify the predictors of malaria transmission in high altitude villages. Males (AOR=3.11, 95% CI: 2.28, 4.23) and those who traveled away from the home in the previous month (AOR=2.01, 95% CI: 1.56, 2.58) were strongly associated with presence of malaria in high altitude villages. Other significant factors, including agriculture in occupation (AOR=1.41, 95% CI: 1.05, 1.93), plants used for fencing (AOR=1.70, 95% CI: 1.18, 2.52) and forests near the house (AOR=1.60, 95% CI: 1.15, 2.47), were found predictors for malaria in high altitude villages. Travel outside of their home was an important risk of malaria infections acquisition. Targeting males who frequently travel to malarious areas can reduce malaria transmission risks in high altitude areas.

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