

to adjust for confounding variables, an OR of 2 (95% CI 1.4 to 2.7) was found in workers having contact with faeces of inhabitants. In another cross-sectional study in 198 nursing home workers, an OR of 0.9 (95% CI 0.5 to 1.9) was found in multiple logistic regression compared to non-exposed controls after adjusting for other risk factors. In the cohort of HCWs and non-exposed controls, workers seronegative for *H pylori* at baseline were followed up for at least 10 years, resulting in 2254 person-years (py) in the HCW group and 1284 in non-exposed controls. In HCWs an incidence rate for *H pylori* infection of 0.53/100 py (95% CI 0.28 to 0.93) was found, compared to 0.39/100 py (95% CI 0.13 to 0.91) in non-exposed controls, resulting in a rate ratio of 1.36 (95% CI 0.43 to 4.21).

Conclusions These results show the difficulty in interpreting cross-sectional studies. Results of a cohort study show a slightly increased incidence of *H pylori* infection in HCWs compared to non-exposed controls.

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IS THERE AN OCCUPATIONAL RISK FOR TRANSMISSION OF *HELICOBACTER PYLORI* IN HEALTHCARE WORKERS?

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Objectives *Helicobacter pylori* was discovered in 1984, but up to now the way it is transmitted is not clear. Direct person-to-person transmission is thought to be most likely and could be relevant to occupational transmission, particularly in healthcare workers (HCWs).

Methods Using serology, we studied the occupational risk for *H pylori* in HCWs in two cross-sectional studies and one cohort study (follow-up 10 years).

Results In a cross-sectional study, 587 HCWs working in institutions for children with mental disabilities with a documented high prevalence of *H pylori* infection were compared to non-exposed controls. Using multiple logistic regression