Influenza subjects with an antiviral claim within one day pre- and one day post-index and/or an antibiotic claim within three days pre- and three days post-index were identified. Subjects with a secondary respiratory infection within the two week post-index period were identified via ICD-9 codes. RESULTS: The study cohort included 270,037 members with influenza (51.8% male, median age 31.6 years). Antibiotics were prescribed in 63,358 (23.5%) of subjects (42,374 [15.7%] received an antibiotic only; 20,984 [7.8%] received both an antivirus and an antibiotic). The majority of subjects with influenza (157,447 [58.3%]) did not receive an antivirus. Among subjects receiving an antivirus, 98.9% did not have a follow-up coded respiratory infection within two weeks. The mean antibiotic costs were $66.15 and $42.71 for subjects with and without a secondary bacterial respiratory infection, respectively. Antibiotic usage in influenza subjects without a secondary bacterial respiratory infection exhibited the characteristics of a favorable CHB treatment option, which directly compared costs and adverse events, and was a pharmaco-economic simulation. The primary aim of this study was to determine the possible impact of appropriate prescribing of antibiotics on treatment outcomes, days of patient hospitalization and costs related to antibiotic treatment. METHODS: Data from case notes of all inpatients on antibiotic treatment and all antibiotic prescriptions from outpatient departments were collected from June 15 to July 15, 2006 at 3 government and mission hospitals in Lesotho. All prescriptions were classified into categories of appropriateness based on their conformities to criteria developed from principles of antibiotic prescribing. Analyses were further conducted to determine the possible impact that appropriate prescribing may have on treatment outcomes, days of patient hospitalization and costs of antibiotic treatments. RESULTS: A total of 307 inpatients and 867 outpatient prescriptions were assessed. Total frequencies of prescribed antibiotics in 184 and 1073 for inpatients and outpatients respectively. Antibiotics were most often prescribed for skin and soft tissue (31.7%) and respiratory tract (28.9%) infections. Outpatients received most antibiotics for respiratory tract (42.0%) and skin and soft tissue infection (21.9%) respectively. Treatment duration was considered written for either empirical treatment or prophylaxis of infections while 57.1% did not conform to antibiotic prescribing principles. A majority (81.0%) of outpatient prescriptions were in line with the prescribing principles. Inpatient antibiotic prescribing patterns based on principles of antibiotic prescribing were used for either empirical treatment or prophylaxis of infections while 57.1% did not conform to antibiotic prescribing principles. The cost associated with the empiric prescribing of antibiotics was considerable. Furthermore, over half the subjects with influenza did not receive antiviral therapy. As our study only allowed for one case per subject the total cost associated with empiric antibiotic prescribing in subjects with influenza is likely an underestimate.

**PIN24**

**IMPACT OF APPROPRIATE PRESCRIBING OF ANTIBIOTICS ON TREATMENT OUTCOMES, DAYS OF PATIENT HOSPITALIZATION AND COSTS OF ANTIBIOTIC TREATMENT IN HOSPITALS IN LESOTHO**

**Adorka MKB1, Serfontein JHP2, Lubbe MS2, Gous AGS3**

1National University of Lesotho, Roma, Lesotho; 2North-West University, Potchefstroom, South Africa; 3University of Limpopo, Pretoria, South Africa

**OBJECTIVES:** The primary aim of this study was to determine the possible impact of appropriate prescribing of antibiotics on treatment outcomes, days of patient hospitalization and costs related to antibiotic treatment. **RESULTS:** Data from case notes of all inpatients on antibiotic treatment and all antibiotic prescriptions were assessed. Outpatient departments were collected from June 15 to July 15, 2006 at 3 government and mission hospitals in Lesotho. All prescriptions were classified into categories of appropriateness based on their conformities to criteria developed from principles of antibiotic prescribing. Analyses were further conducted to determine the possible impact that appropriate prescribing may have on treatment outcomes, days of patient hospitalization and costs of antibiotic treatments. **RESULTS:** A total of 307 inpatients and 867 outpatient prescriptions were assessed. Total frequencies of prescribed antibiotics in 184 and 1073 for inpatients and outpatients respectively. Antibiotics were most often prescribed for skin and soft tissue (31.7%) and respiratory tract (28.9%) infections. Outpatients received most antibiotics for respiratory tract (42.0%) and skin and soft tissue infection (21.9%) respectively. The 307 inpatient prescriptions 41.6% were appropriately written for either empirical treatment or prophylaxis of infections while 57.1% did not conform to antibiotic prescribing principles. A majority (81.0%) of outpatient prescriptions were in line with the prescribing principles. Inpatient antibiotic prescribing patterns based on principles of antibiotic prescribing were used for either empirical treatment or prophylaxis of infections while 57.1% did not conform to antibiotic prescribing principles. Antibiotics were most often prescribed for skin and soft tissue (31.7%) and respiratory tract (28.9%) infections. Outpatients received most antibiotics for respiratory tract (42.0%) and skin and soft tissue infection (21.9%) respectively. The 307 inpatient prescriptions 41.6% were appropriately written for either empirical treatment or prophylaxis of infections while 57.1% did not conform to antibiotic prescribing principles. A majority (81.0%) of outpatient prescriptions were in line with the prescribing principles. Inpatient antibiotic prescribing patterns based on principles of antibiotic prescribing were used for either empirical treatment or prophylaxis of infections while 57.1% did not conform to antibiotic prescribing principles. The cost associated with the empiric prescribing of antibiotics was considerable. Furthermore, over half the subjects with influenza did not receive antiviral therapy. As our study only allowed for one case per subject the total cost associated with empiric antibiotic prescribing in subjects with influenza is likely an underestimate.