studies. Patients with MDRAB had longer length of stay than control groups across all studies. However, there were not significant differences in the trend of mortality settings, however, the differences were significant in two of three studies. Mean costs tended to be higher for MDRAB patients, but methods varied across studies. Trends in mortality rates were mixed, with many studies reporting higher mortality among patients with MDRAB, while others reported no significant differences. The reasons for the inconsistency in mortality rates among MDRAB patients could be multifactorial, including differences in patient characteristics, treatment regimens, and mortality assessment methods.

OBJECTIVES: The objective of this study was to characterize U.S. national trends of the incidence and cost of skin and soft tissue infections (SSTIs) in 2000 and 2012.

METHODS: We performed an analysis of nationally representative data from the Medical Expenditure Panel Surveys (MEPS) for 2000 and 2012. SSTIs were defined by Clinical Classification Software code 197. Expenditures in MEPS were defined as payments from all sources for hospital inpatient care, ambulatory care provided in a doctor’s office or hospital outpatient facilities, care provided in emergency departments, and the retail purchase of prescribed medications. Expenditure data for 2000 were adjusted to 2012 dollars using the Consumer Price Index. RESULTS: The overall incidence of SSTIs increased 4.7% from 2.4 million in 2000 to 3.3 million in 2012. From 2000 to 2012, the incidence of patients with at least one hospital visit for SSTI increased 38%, ambulatory visits increased 46%, and emergency department visits increased 54%.

CONCLUSIONS: The clinical and economic burden of SSTIs has significantly increased in the U.S., largely driven by a dramatic increase in the number and costs of SSTIs managed in the ambulatory setting.

PIN101 HIV ANTIRETROVIRAL DRUG UTILIZATION AND EXPENDITURES IN MEDICAID 1991-2014

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1MCPHS University, Boston, MA, USA, 2University of Massachusetts, Amherst, Amherst, MA, USA, 3OBJECTIVES: We performed an analysis of all FDA antiretroviral drugs (ARVs) in the U.S. To assess the trends in Medicaid utilization of ARVs and expenditures in the period 1991-2014, and to compare the utilization and reimbursement rates of generic and brand-name ARVs.

METHODS: WE performed an analysis of Medicaid ARVs utilization and prescription expenditures. Medicaid ARVs utilization was obtained from the Center for Medicare and Medicaid Services website. Patient-level utilization and expenditure data were collected from the Center for Medicare and Medicaid Services website. The unit of analysis was the pharmacy claims (PDC).

CONCLUSIONS: The proportion of generic ARVs increased from 8.2% in the first quarter of their launch to 89.5% by the end of the 3rd year after the generic entry into the market. The average Medicaid reimbursement rate for generics was 81% of the brand reimbursement rate at the first quarter of the generic launch, and decreased to 76% by the end of the 3rd year.

OBJECTIVES: We performed a cross-sectional study in 13 regions of China to examine the prevalence and risk factors of MDRAB in China.

METHODS: A cross-sectional survey study was conduct in 13 regions of China, among male commercial sex clients who were over 50 years old in low-cost venues in 2013. Results: Among male clients, the prevalence of MDRAB was 9.6% (95% CI: 7.8-11.3) and the risk factors associated with MDRAB included: being single/divorced/separated/widower (AOR: 1.77, 95% CI: 1.17-2.67, P<0.05), non-condom use during commercial sex (AOR: 1.83, 95% CI: 1.21-2.76, P<0.05). Also, the time line of last purchase of commercial is correlated to HIV infection, and the significant risk factor was in the last 7 days (1 week) (AOR: 1.83, 95% CI: 1.21-2.76, P<0.05). The health history of a chronic diseases was found to be a protective factor (AOR: 0.59, 95% CI: 0.37-0.94, P<0.05).

CONCLUSIONS: These data show that the high prevalence of HIV infection among the study group, more political policy interventions should be a consideration of focus with the subpopulation (middle-aged, elderly men, aphrodisiacs and non-condom use) in rural areas of this region.

PIN114 CYP2D6 C TREATMENT BE SAFELY DELAYED?: EVIDENCE FROM THE VETERANS ADMINISTRATION HEALTHCARE SYSTEM

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OBJECTIVES: The cost of new HCV treatments leads payers and insurance providers to question if delaying treatment for low risk patients can be accomplished without adversely impacting clinical outcome. Retrospective cohort data from the Veterans Administration [VA] were used to estimate the impact on patient risk of initiating treatment before versus after the patient’s FIB4 levels became elevated.

METHODS: Essentially all VA HCV patients with one or more reported FIB-4 values during the study period were included in the analysis. Primary outcome measures were: time to death, and time to the first occurrence of a composite of liver-related clinical events. The impact of treatment initiation relative to three different definitions of an elevated FIB4 level was estimated using a time-dependent Cox proportional hazards models.

RESULTS: 187,860 patients met study requirements. Initiating treatment before FIB4> 1.00 reduced morbidity by 41% and death by 36%. Initiating treatment after FIB4>1.00 remained effective but diminished the morbidity risk reduction achieved to 30%. However, outcomes were worse if treatment initiation was delayed until after FIB4>3.25. The risk reductions associated with treatment initiated before FIB4>3.25 were 34% for the composite event and 45% for death, but if initiated after FIB4>3.25 were only 11% and 25%, respectively. The corresponding number needed to treat [NNT] to prevent one death, is 142 for treatment before FIB4>1.00 but increases to 325 if treated after FIB4>3.25. The estimated NNT is 128 if treated after FIB4>1.00 but increases to 325 if treated after FIB4>3.25. These detrimental effects of delaying treatment until FIB4>3.25 were due to a reduction in the likelihood that treated patients would achieve viral load suppression as well as a reduced impact of viral load suppression on morbidity and mortality.

CONCLUSIONS: Accelerate a patient’s FIB4 level exceeds 3.25 had a clear detrimental effect on treatment effectiveness.

PIN105 PNEUMOCOCCAL VACCINATION COVERAGE IN ADULTS WITH HIGH-RISK CONDITIONS: MISSED OPPORTUNITIES CONTINUE

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OBJECTIVES: The U.S. Advisory Committee on Immunization Practices (ACIP) recommends pneumococcal vaccination for adults younger than 65 years with conditions that increased risk of pneumococcal disease, but there are limited real-world vaccination coverage data in these high-risk adults. This study was aimed to examine...