four, cost-effectiveness in two, cost-benefit in one, cost-effectiveness in one and general cost-benefit in one. All studies demonstrated satisfactory economic results. drywalling GDN to inpatient care however fragile methodology was observed in the majority of study. CONCLUSIONS: in this review QAP was a strategy that saved resources with favorable outcome in terms of related infection and complications.

PIN41 COST ANALYSIS OF THE CHRONIC HCV-RELATED CIRRHOSIS IN BULGARIA

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OBJECTIVES: HCV infection is a leading cause of chronic liver disease with long-term complications - extensive fibrosis, cirrhosis and hepatocellular carcinoma. The objective of this study is to perform analysis of the cost of therapy of patients with chronic HCV - related cirrhosis in Bulgaria. METHODS: It is a combined prospective and retrospective observational study. Among 201 patients with chronic HCV infection and cirrhosis monitored in the University Hospital “Queen Joanna-ISUL” for 3-year period (2012-2014). Data on demographic, clinical characteristics and healthcare resources utilization (hospitalizations, highly-specialized interventions, inpatient and outpatient visits, medications) were collected. Micro-costing approach was applied to the estimation of the total direct costs. RESULTS: The cost of the University Hospital “Queen Joanna-ISUL” for 3-year period was accounted for 1,2 million BGN (0.6 million EURO) and average cost per patient per year was 1343 BGN (671 Euro). The proportion of cost paid by the NIH in 2/3 vs 1/3 for the hospital and the patients. A statistically significant difference between the areas of follow-up, number of hospitalizations and the Child-Pugh stage was found. CONCLUSIONS: HCV-related cirrhosis is resource demanding and implicit direct high medical costs as it is related with lots of hospitalizations and leads to complications acquiring additional treatment.

PIN42 THE COST OF TREATING RECURRENT CLOSTRIDIUM DIFFICILE INFECTION IN PATIENTS ATTENDING INFECTIOUS DISEASE CLINICS AT FOUR HOSPITALS IN SWEDEN

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OBJECTIVE: The aim of this study is to investigate the cost of treating recurrent Clostridium difficile infection in patients attending infectious disease clinics at 4 hospitals in Sweden. METHODS: Following approval by the Central Ethical Review Board in Stockholm patient records of 120 patients were used to record the resources used to treat the latest recurrent infection. Recurrence was defined as a new toxin-related positive Clostridium difficile infection within 12 weeks of the previous Clostridium difficile infection. The sample included 47 patients not hospitalized and 73 hospitalized patients. All resources used were itemized and a point estimate of the cost was calculated. Micro-costing approach was applied. RESULTS: The estimated cost of recurrent Clostridium difficile infection was MSEK 2,38, or nearly 40% of the accumulated resource use of MSEK 6,25 used to treat the 120 studied patients. CONCLUSIONS: Significant cost are associated with treatment of recurrent Clostridium difficile infections, especially when hospitalization is needed. Maximizing the need for hospitalization during treatment is the single most important objective when minimizing the economic burden of recurrent Clostridium difficile infection.

PIN43 THE DEVIL IS NOT SO BLACK AS HE IS PAINTED – THE FUTURE OF IMMUNIZATION IN POLAND

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OBJECTIVES: Considering the burden of meningococcal and pneumococcal disease in 0-5 years old children in Poland, we aimed at determining which vaccine(s) to prioritize for a Universal Mass Vaccination (UMV) program to reduce the burden by 50% in the national budget. METHODS: We predicted that PCV would be the rational option in the Immunization Program in Poland defined pneumococcal vaccines as a priority based on epidemiological data (high frequency with growing antibiotic resistance) but the need for interventions against meningococcal disease was also highlighted. A vaccine portfolio management model was adapted to the Polish situation, considering pneumococcal and meningococcal (type B and C) vaccines. This optimization model determines the optimal combination of vaccines to achieve a target of reducing the deaths and vaccination budget. Disease incidences, treatment pathways, vaccine efficacies, and maximal achievable UMV coverages were derived from published sources and expert opinion. The public health goal for 2015 was to reduce the overall direct costs, hospital occupancy or deaths related to both pneumococcal and meningococcal disease by 50%. RESULTS: Using pneumococcal vaccine only enables to achieve the targeted 15% reduction in cases, hospital occupancy or deaths at annual coverage of respectively 76.9%, 81.0%, 57.1%, and at the lowest annual vaccination budget of respectively €26, €27 and €19 million. If meningococcal type B vaccine were prioritized in a UMV program, pneumococcal vaccine should still be added to achieve the public health benefits. In such scenario, the annual vaccination budget would amount to €57, €59 and €48 million, at the maximum achievable coverage of 60% for meningococcal vaccine and pneumococcal coverage of 76.8%, 80% and 47.9%. CONCLUSIONS: Pneumococcal vaccine on its own can achieve the targeted 15% reduction in disease burden at the lowest vaccination budget. Vaccination against pneumococcal disease should therefore be prioritized in a UMV program in Poland.

PIN44 PHARMACOECONOMIC EVALUATION OF THE INTRODUCTION OF ROUTINE VARICELLA VACCINATION IN CHILDREN IN THE UNITED KINGDOM

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OBJECTIVES: Varicella is a common childhood disease caused by varicella-zoster virus (VZV). Annually it affects around 651,000 individuals with 42% consulting general practitioners and 0.5% being hospitalized with recent trend of increase in the United Kingdom (UK). This poses significant public health concern due to high infection rates and associated economic burden. In countries with routine varicella vaccination significant reduction in varicella burden was observed. This study assesses the cost-effectiveness of introducing varicella vaccination as an addition to the current childhood immunization schedule of mumps, measles and rubella (MMR). An age-stratified decision model was fitted to VZV seroprevalence in the non-vaccinated population in the UK. The model simulated the evolution of varicella and herpes zoster with and without vaccination with a lifetime horizon. The vaccination strategy considered coverage and age at dose 1 (90%,1year) and 2 (80%,3years), and catch up at 12 years with 20% coverage. Costs and effects are discounted at 3.5%. RESULTS: The incremental Cost Effectiveness Ratio (ICER) of varicella vaccination at high coverage were €6,012 (95%CI:370-13,223)/Quality-Adjusted Life-Year (QALY) and €6,431 (95%CI:337;13,188)/QALY, respectively. There were significant savings for outpatient and hospitalization costs: £22,274,734 and £1,301,029 respectively. Under base case assumptions, vaccinating a cohort of 14,021 infants in Estonia with PHiD-CV would prevent 3927 AOM-related cases and €56,232 (94.8%), respectively. CONCLUSIONS: Implementing varicella vaccination in the UK will reduce the disease burden both in terms of varicella cases and associated costs, and is likely to be cost-effective. However, high vaccination coverage is required to achieve high impact of vaccination. Depending on the evolution of the UK vaccination schedule, vaccination with either live varicella or combined with MMR vaccine could be a suitable option for implementation of varicella vaccination as part of a national immunization program.