pin18

Epidemiology of Hepatitis C Patients in Italian Local Health Units (LHUs)

Delegi Espositi L1, Sangiorgi D2, Buda S3, Crovato E4, Nappi C5, Leferve C6

1Ciclon S.r.l., Ravenna, Italy, 2Brustyl Myers Squibb S.r.l., Roma, Italy, 3Brustyl Myers Squibb, Basel, Switzerland, 4GSK Vaccines, Wavre, Belgium, 5UK PHARMA, GSK Vaccines UK, MIDDELSK; UK, 6GSK Vaccines, Wavre, Belgium

OBJECTIVES: To estimate prevalence of HCV, using data from routine practice in Italy

METHODS: An observational retrospective cohort based on administrative data was submitted from data from pharmacy registries, hospital discharges, outpa-
tient specialist services and laboratory tests) from a sample of six Italian LHUs was performed. The date of the first record related to HCV (i.e., positive HCV testing or medications for HCV) during the study period (July 1st, 2009 - June 31st, 2014) was considered as a proxy of diagnosis, and used as the index date or patients with data available for at least 6 months prior to index date were followed up from the index date until the first of the end of the study period, date of death, or exiting the database.

RESULTS: The majority of patients (76%) did not receive an antiviral treatment; compared to treated patients, they were more frequently aged >65 years (44% compared to 13% in treated patients), females (46% vs 40%), under ongoing substance/alcohol abuse (44% compared to 11%, respectively); and a small proportion of patients with HCV received antiviral therapy. Future analyses should investigate relationships between patients’ characteristics, therapeutic choices and outcomes.

pin19

Epidemiological Data Used in Rotavirus Vaccination

Cost-effectiveness Analysis in Europe: A Literature Review

AUDIT

Li X1, Theodorou D2, Standaert B3

1Cictis Vaccines, Ware, Belgium, 2UK PHARMA, GSK Vaccines UK, Meddlesey, UK

OBJECTIVES: Rotavirus gastroenteritis (RGV) is the leading cause of severe diarrhoea in children under 5 years of age. Two rotavirus vaccines are licensed to prevent these infections. More than hundred economic evaluations have been published on rotavirus vaccination since 2006 and their results largely vary. An update of a literature review was conducted aiming to assess whether differences in the epidemiological data used in European evaluations could explain the differences in the results obtained.

RESULTS: A literature review was conducted aiming to assess whether differences in the epidemiological data used in European evaluations could explain the differences in the results obtained.

CONCLUSIONS: The RGVE disease burden in children under 5 years of age. Two rotavirus vaccines are licensed to prevent these infections. More than hundred economic evaluations have been published on rotavirus vaccination since 2006 and their results largely vary. An update of a literature review was conducted aiming to assess whether differences in the epidemiological data used in European evaluations could explain the differences in the results obtained.

pin20

Cholera Death Audit in Ghana: A Medical Record Review of the 2014 Outbreak

Davies-Teye B1, Nyako K2, Brown-Davies C1, Bredu M3, Eleeza J1, Vanooto La3

1Ghana Health Service and OneFile Consult Ltd, Accra, Ghana, 2Ghana Health Service, Accra, Ghana

OBJECTIVES: Ghana has documented recurrent Cholera outbreaks (Davies-Teye 2014), the worst ever in 2014 had high case, death incidence and yet does not routinely audit these deaths. Auditing the deaths would improve healthcare quality delivered to clients. This study aimed at developing standardized Cholera Death audit tool, the description and identify prevalent factors that contributed to deaths.

METHODS: Standardized cholera death audit tool was developed. Census of cholera deaths during the December 2013 – November 2014 Accra Region was conducted. Data collection was done from hospital records, surveillance data of deaths from treatment centers reviewed with the developed audit tool. Data abstracted included socio-demographic, clinical, patient monitoring, investigations and outcomes. Data analysis was descriptive analysis and multivariate logistic regression Odds Ratio (95% Confidence Interval) determined to identify prevalent factors associated with deaths.

RESULTS: The region documented 20,199 (Attack rate 432 per 100,000 populations) cholera cases with 121 deaths (CFR 0.6%). La Nkwantaang- Madina was the most affected district with attack rates at 10% followed by Ashaiman and LEKMA with case fatality rates above 0.9%. Ages ranged 1-82 years, mean 41.0 ± 17, median 39.0, mode 24.0 years. Males constituted 65.7% and 90.9% did not have health insurance. Duration of home stay ranged 0-5days. Ninety percent were dead on arrival and 20.2% within 4hours of arrival.

pin21

Age-related Consultation Rates of Clinically-Diagnosed Influenza and Acute Respiratory Illnesses observed through a Network of GP Practices Across England

Wieck W1, Amazi B1, Bakshe S2, Patel V1, Van Staa T2

1GPs at Walthamstow, London, UK, 2University of Manchester, Manchester, UK

OBJECTIVES: Influenza infection can be recorded under number of respiratory diagnoses when patients visit a GP. In addition, the incidence of influenza and respiratory infections are known to be highest in younger and elderly age groups. Our objective was to describe the consultation rates for eight respiratory diagnoses across four influenza seasons as observed through GP consultations in England.

METHODS: Data were obtained on 775,000 respiratory related GP consultations, across four influenza seasons (2010-2014) from the Clinical Practitioners Research Datatail. Eligible patients were registered and had 12 months history with a practice at the start of the season. An influenza season was defined as 1 September through to 13 April of the following year. Practice-level consultation rates for each outcome were determined by age (seven groups were defined) and season. A Poisson mixed effect model was fitted to analyse age effect with inter-practice and inter-season as random effects. 18 to 65 age group was the reference population.

RESULTS: Across all age groups consultation rates for influenza-related diagnoses were highest amongst young children, with highest rates observed for the 0 to <2 age group, followed by the 2 to <4 age group. Focusing on individual diagnoses recorded during GP consultations, younger children were particularly at risk for influenza-related respiratory tract infection and otitis media. Patients over 65 were found to be more at risk for pneumonia and lower respiratory tract infection. Inter-practice variation in diagnoses rates was dominating inter-season variation for most influenza-related diagnoses. The costest seasonal variations were found in consultations for influenza-like illness, which were particularly high during the 2010-2011 season, likely due to the H1N1 epidemic.

CONCLUSIONS: Our findings confirmed that children and the over 65 population are at highest risk for influenza and respiratory illness, and that incidence can reliably be evaluated through analysis of GP consultation rates.

infection – cost studies

pin22

Health Economic Impact of 13-valent Pneumococcal Conjugate Vaccine in Finnish Home Care Customers ≥50 Years with Underlying Chronic Medical Conditions

Mantsinen PT1, Soini R2, Laane J3, Linna M4, Ahman H5, Markkainen J5

1University of Turku, Finland, 2Pharmakon Oyj, Turku, Finland, 3Adolfo University, Espoo, Finland

OBJECTIVES: Hospital-treated pneumonias (HT) are associated with substantial individual and societal burden in adults (≥50 years) and elderly. Moreover, adults ≥ 50 years have the highest mortality risk of HT compared with their healthy controls. Persons at risk are likely to benefit most from pneumococcal vaccinations. The 13-valent pneumococcal conjugate vaccine (PCV13) has shown to decrease hospitalization and pneumonia-related disease in adults. The objective of this study was to estimate the expected 5-year health economic impact of targeted PCV13 compared with no vaccination in Finnish home care customers.

METHODS: A budget impact model was developed to predict the impact of PCV13 vaccination in terms of costs and HT events avoided at the national and municipal level. A dynamic-cohort Markov modelling approach and a time horizon of 5 years was used. The baseline number of home care customers and HT events were gathered from Finnish national registries. The efficacy of PCV13 was estimated based on CAPITA trial. Only direct costs in 2014 value were considered in the analysis.

RESULTS: All 105,572 Finnish home care customers are considered to be at moderate or high risk for HT because of underlying chronic medical conditions. Vaccination of these people with PCV13 could provide an undiscounted net budget savings of about €42 million with the current no-vaccination situation over the next 5 years. Among the risk groups considered, the largest absolute undiscounted net savings (22.5 million) could be obtained by vaccinating people with heart disease, due to its high prevalence in the target population.

CONCLUSIONS: In Finland, the direct immunization of home care customers with PCV13, is estimated to lead to substantial cost savings in the following 5 years after vaccination.

pin23

Budget Impact Analysis of Sofosbuvir-Related Regimens for the Treatment of HCV Core-Infected Patients in Northern Italy: The Liguria Region Simulation

Artioli S1, Gaggero D1, Cenderello G2, Mitrani B3, Giacomini M4, Gaggero D1, Cenderello G2, Mitrani B3, Giacomini M4, Gaggero D1, Cenderello G2, Mitrani B3, Giacomini M4, Gaggero D1, Cenderello G2, Mitrani B3, Giacomini M4

1Genova University, Genoa, Italy, 2Genoa University, genoa, Italy, 3ASl-1 Imperiese, Sanremo, Italy, 4Genoa University, Genoa, Italy

OBJECTIVES: Chronic HCV is a leading cause of hospitalization and death in populations co-infected with HIV in Italy. Sofosbuvir (SOF) is a pan-genotypic drug, which can be used alone or combined with other agents (e.g. Simeprevir, Daclatasvir, Ledipasvir) as oral treatment for HCV, with different price levels. We performed

value in health 18 (2015) A335–A766

A579