7.72 DDD/1000 inh/day or 39.33%. However the amount of funding spent in this group of drugs was decreased for 12,850,895.28€ or 14.18%. This research was supported by Provincial Secretariat for Science and Technological Development, Autonomous Province of Vojvodina project No 114-451-2458/2011 and by Ministry of Science and Technological Development, Republic of Serbia project No 41012.

PIN16

A RETROSPECTIVE STUDY ON THE BURDEN OF CYTOMEGALOVIRUS DISEASE IN IMMUNOSUPPRESSED PERSONS FOLLOWING TRANSPLANTATION BETWEEN 2007 AND 2011 IN FRANCE

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OBJECTIVES: Following solid organ transplantation (SOT) or hematopoietic stem cell transplantation (HSCT), patients are at risk of cytomegalovirus (CMV) disease. The impact of CMV disease on mortality, graft rejection, hospitalisation costs and on the probability of transplant rejection, failure or Graft versus Host Disease (GVHD) and other adverse events was estimated. **METHODS:** A retrospective cohort study of a database of hospitalisations in France (PMSI) from 2007 to 2011 was conducted. Logistic regression was used to estimate the impact of CMV disease during initial hospitalisation on the probability of graft rejection and mortality over one year, adjusting for age, gender and comorbidities. The impact of CMV disease on costs and on length of stay (LOS) was estimated using generalised linear modeling, a correction for endogeneity was performed afterwards. **RESULTS:** Among 20,473 SOT and 18,809 HSCT recipients, CMV disease was reported in 9.72% and 6.65% of cases respectively. CMV disease was associated with a significant increase in mortality (SOT-patients: odds ratio=1.46, p=0.0552; HSCT-patients: OR=4.00, p<.0001). Patients with CMV disease at initial hospitalisation were more likely to experience graft rejection, failure or GVHD (SOT: OR =1.663, p= 0.0005; HSCT: OR=2.605, p <.0001). CMV was related to higher LOS and higher costs at initial stay for both subgroups (SOT: 8.7-days, €4,134, p<0.0001; HSCT: 8.75-days, €22,252, p<0.0001). The difference in total hospitalisation costs over 2 years between patients with and without CMV was €13,159 and €32,691 for SOT and HSCT recipients respectively. CMV disease was strongly associated with pneumonia (SOT: OR=3.37; HSCT: OR=3.37) and with enteritis (SOT: OR=3.63; HSCT: OR=3.90). **CONCLUSIONS:** CMV disease is associated with substantial increases in probability of graft rejection, mortality, length of stay, adverse events and hospitalisation costs in French transplant recipients. A limitation of this study is that it was not possible to adjust for the intensity of immunosuppressive therapy.

PIN17

PREVELANCE OF PULMONARY TUBERCULOSIS AND MULTI DRUG RESISTANT TUBERCULOSIS PATIENTS IN BAGHDAD, IRAQ

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OBJECTIVES: Although effective chemotherapy is available, tuberculosis (TB) remains a major public health problem worldwide. The current study aimed to determine the prevalence of pulmonary TB and multi-drug resistant (MDR) TB in Baghdad, Iraq. **METHODS:** Databases of Thoracic and Respiratory Diseases Specialist Center were retrospectively reviewed to determine the prevalence of pulmonary TB in Baghdad. This center is the largest center for the diagnosis, treatment and recording of all new and previously treated TB cases in Baghdad and the other states of Iraq. All newly diagnosed TB patients who registered for TB treatment between January 1, 2011 and June 30, 2012 were included in the analysis. **RESULTS:** A total of 2968 TB cases were newly registered in Baghdad during the period under review. Of these, 1188 cases were smear positive pulmonary TB. The prevalence of smear positive and smear negative pulmonary TB in Baghdad were 40.02% (95% CI 34.46%-45.58%) and 16.81% (95% CI 12.56%-21.06%) respectively. Additionally, 1810 of the newly diagnosed TB cases were male and 1158 were female. Baghdad accounted for 25.58% (95% CI 21.61%-29.55%) of the estimated prevalence of smear positive pulmonary TB of the country. Furthermore, 103 laboratory-confirmed MDR-TB of new cases were reported in Baghdad during the same period. The estimated prevalence of MDR-TB among newly diagnosed TB cases was 3.47% (95% CI 1.51%-5.43%). **CONCLUSIONS:** The results of the current study will have a significant implication for strengthening the TB control program in the capital Baghdad. In addition, actions to expand and plan the appropriate diagnostic and treatment services for patients with MDR-TB are warranted.

PIN18

PREVALENCE OF HEPATIC OUTCOMES AMONG MEDICARE BENEFICIARIES DIAGNOSED WITH CHRONIC HEPATITIS C VIRUS

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OBJECTIVES: To evaluate advanced liver disease outcomes of Medicare beneficiaries diagnosed with chronic hepatitis C virus (HCV). **METHODS:** This study was based on 2005-2010 CMS Fee-for-Service Medicare longitudinal claims data which includes 100% of the adjudicated medical claims for all inpatient and outpatient institutional providers and a 5% sample of adjudicated patient claims from the physician office setting. ICD-9 codes were used to identify patients with chronic HCV and advanced liver disease outcomes. Disease prevalence and trends over time were examined. **RESULTS:** In 2010, the prevalence rates of advanced liver disease such as non-decompensated liver disease (26.5% versus 0.4%), decompensated cirrhosis (20.8% versus 1.6%), hepatocellular carcinoma (4.3% versus 0.1%), liver transplant (3.6% versus 0.06%), were higher (all statistically significant, p<0.0001) in the chronic HCV population than the non-HCV population. Prevalence rates of complications remained stable across the six year period, with the exception of decompensated cirrhosis, the prevalence of which increased from 15.0% to 20.8% for chronic HCV patients and 0.6% to 1.6% in non-HCV patients. **CONCLUSIONS:** Evaluation of Medicare beneficiaries indicates that chronic HCV patients have a greater prevalence of advanced liver disease compared with non-HCV patients. The 6-year prevalence trend of decompensated cirrhosis has increased for both chronic HCV patients and non-HCV patients.

PIN19

CHARACTERISTICS OF MEDICARE BENEFICIARIES WITH CHRONIC HEPATITIS C VIRUS

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OBJECTIVES: To characterize the demographics and comorbidities of US Medicare beneficiaries diagnosed with chronic hepatitis C virus (HCV) infection. **METHODS:** This study was based on 2005-2010 CMS Fee-for-Service Medicare longitudinal claims data which includes 100% of the adjudicated medical claims for all inpatient and outpatient institutional providers and a 5% sample of adjudicated patient claims from the physician office setting. ICD-9 codes were used to identify patients diagnosed with chronic HCV infection as well as the following comorbidities: anxiety, depression, alcohol abuse, HIV, and end stage renal disease (ESRD). **RESULTS:** A total of 368,871 chronic HCV patients were identified as having received Medicare benefits between 2005 and 2010. The average age of these chronic HCV patients in 2010 was 57.2 (SD=11.7) which is 14 years younger than the non-HCV Medicare population (average = 71.0, SD=13.0). Only 28.4% of chronic HCV patients qualified for Medicare due to age alone (≥65 years old) versus 82.0% of non-HCV patients. The majority of chronic HCV patients (63.4%) qualified for Medicare due to a disability that excludes ESRD, while only 16.9% of non-HCV patients met the same criteria. Chronic HCV patients exhibited a wide array of health problems. The prevalence rates of comorbidities such as anxiety (15.2% vs. 4.8%), depression (26.8% vs. 7.6%), alcohol abuse (40.9% vs. 2.1%), HIV (8.1% vs. 0.3%) and ESRD (8.5% versus 1.3%) were higher (all statistically significant, p<0.0001) in the chronic HCV population than the non-HCV population. **CONCLUSIONS:** Medicare beneficiaries are often generalized as over 65 years of age, but chronic HCV Medicare patients are typically younger and qualify for Medicare due to disability. The burden of patients with chronic HCV on Medicare is further exacerbated by the high prevalence of other costly comorbidities.

PIN20

PREVALENCE OF HEPATIC OUTCOMES AMONG COMMERCIALLY-INSURED PATIENTS DIAGNOSED WITH CHRONIC HEPATITIS C VIRUS

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OBJECTIVES: To evaluate the prevalence of advanced liver disease outcomes within a large US database of commercially-insured individuals diagnosed with chronic hepatitis C virus (HCV) infection. **METHODS:** This study was based on 2007-2011 IMS LifeLink claims data which includes adjudicated health claims data for 74 million patients and over 75 commercial health plans. ICD-9 codes were used to identify patients with chronic HCV and advanced liver disease outcomes. Trends in prevalence of these outcomes over time were also examined. **RESULTS:** In 2011, the prevalence rates of advanced liver disease such as non-decompensated liver disease (20.48% vs. 0.10%), decompensated cirrhosis (15.11% vs. 0.46%), hepatocellular carcinoma (3.43% vs. 0.03%), liver transplant (2.58% vs. 0.01%), were higher (all statistically significant, p<0.0001) in the chronic HCV population than the non-HCV population. Five-year prevalence trends of complications stayed stable, with the exception of decompensated cirrhosis and hepatocellular carcinoma. The prevalence of decompensated cirrhosis increased from 11.16% to 15.11% for chronic HCV patients and 0.31% to 0.46% in non-HCV patients. The prevalence of hepatocellular carcinoma increased from 2.3% to 3.43% for chronic HCV patients and 0.02% to 0.03% in non-HCV patients. **CONCLUSIONS:** Evaluation of a large US database of commercially-insured individuals indicates that chronic HCV patients have a greater prevalence of advanced liver disease compared with non-HCV patients. The 5-year prevalence trend of decompensated cirrhosis has increased for both chronic HCV patients and non-HCV patients.

PIN21

PREVALENCE OF CHRONIC HEPATITIS C VIRUS AND COMMONLY-ASSOCIATED COMORBIDITIES WITHIN A LARGE US COMMERCIALLY-INSURED POPULATION

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OBJECTIVES: To characterize the demographics and comorbidities of patients diagnosed with chronic hepatitis C virus (HCV) infection reporting claims to a large US database of commercially-insured individuals. **METHODS:** This study was based on 2007-2011 IMS LifeLink claims data which includes adjudicated health claims data for 74 million patients and over 75 commercial health plans.