estimate costs for in-and outpatients. RESULTS: Among the 264, PAND and 152 POST inpatients, 30% were ≤18 years old, 18% were ≥65 years old. Mean length of stay at general ward was of 6.56 (IQR:7.0-7.6) days (PAND and POST, respectively), and between 8.25(0) and 11.5(15.2) days for ICU patients (7%, PAND and 20%, POST). Among employed (45.3% PAND and 37.7% POST) most went on sick leave (99% and 93%) for about 31(7) and 38(2) days. Among outpatients (215, 74% PAND and 63% POST) about 25-35% were 17 years old, and 52% women. The 94%(PAND) and 82%(POST) of employed (64.9% and 68%, respectively) went on sick leave. Absenteism length was of 11(12)-7(46) days. The mean cost per inpatient was 6,028 € (SD = 6,251) in PAND and 6,936€(SD = 10,695) in POST. For outpatients the total cost was 740€ (SD = 866) in PAND and 421€ (SD = 698) in POST. CONCLUSIONS: Contrary to what expected, resource utilization was quite similar for both influenza waves. However, differences on mean costs were found due to the slightly increase in inpatients health care utilization, and the decrease of absenteeism among outpatients during the post-pandemic wave. These results would be useful to assess the influenza burden in Spain, both at individual and population level.

PHS18 ECONOMIC BURDEN OF ATOPIC DERMATITIS FROM A UNITED STATES PAYER PERSPECTIVE
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OBJECTIVES: To estimate direct medical costs of atopic dermatitis (AD) from a US payer perspective. METHODS: Data came from a large employer-based longitudinal claims database, which captures person-specific clinical utilization, expenditures, and demographics across inpatients, outpatient, prescription drug, and carve-out services. A matched case-control study design was employed. Cases were identified based on at least two AD-related medical claims with an International Classification of Disease v9 codes of 691.8x or 692.x anytime during the calendar year or the index event. Controls were matched to each case based on age, gender, type of health plan enrolled, and census region. Multivariate robust regression models were used to estimate the incremental burden of AD. A non-parametric bootstrap technique with 1000 replications was used to estimate the distribution of the beta coefficients and derive the 95% confidence limits. RESULTS: A total of 119,352 cases were identified and 3,577,565 controls with an average age of 46 years (SD = 26.7), 52% of which were women. The 94%(PAND) and 82%(POST) of employed (64.9% and 68%, respectively) went on sick leave. Absenteism length was of 11(12)-7(46) days. The mean cost per inpatient was 6,028 € (SD = 6,251) in PAND and 6,936€(SD = 10,695) in POST. For outpatients the total cost was 740€ (SD = 866) in PAND and 421€ (SD = 698) in POST. CONCLUSIONS: Contrary to what expected, resource utilization was quite similar for both influenza waves. However, differences on mean costs were found due to the slightly increase in inpatients health care utilization, and the decrease of absenteeism among outpatients during the post-pandemic wave. These results would be useful to assess the influenza burden in Spain, both at individual and population level.

PHS19 MACRO-COSTING ANALYSIS OF HOSPITAL STAY IN HEART FAILURE PATIENTS IN TURKISH SETTING
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OBJECTIVES: The economic burden of heart failure (HF) has increased rapidly with the increasing prevalence and incidence of HF patients all around the world. In this abstract, the cost analysis of hospitalized HF patients is presented.
RESULTS: A total of 119,252 cases were identified and 3,577,565 controls with an average age of 46 years (SD = 26.7), 52% of which were women. The 94%(PAND) and 82%(POST) of employed (64.9% and 68%, respectively) went on sick leave. Absenteism length was of 11(12)-7(46) days. The mean cost per inpatient was 6,028 € (SD = 6,251) in PAND and 6,936€(SD = 10,695) in POST. For outpatients the total cost was 740€ (SD = 866) in PAND and 421€ (SD = 698) in POST. CONCLUSIONS: Contrary to what expected, resource utilization was quite similar for both influenza waves. However, differences on mean costs were found due to the slightly increase in inpatients health care utilization, and the decrease of absenteeism among outpatients during the post-pandemic wave. These results would be useful to assess the influenza burden in Spain, both at individual and population level.

PHS21 OUT-OF-POCKET FINANCIAL BURDEN IN ATRIAL FIBRILLATION AND POTENTIAL IMPACT ON CARE: COMPARISON ACROSS FIVE EUROPEAN COUNTRIES USING THE EUROPEAN PATIENT SURVEY IN ATRIAL FIBRILLATION (E-PHASIS) PROGRAMME
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OBJECTIVES: To assess out-of-pocket expenses reported by patients receiving chronic treatment for atrial fibrillation (AF) in five European countries. METHODS: 706 patients from the 2008 Comparative Fund International Health Policy Survey of Chronically Ill Adults. Computer-assisted digital telephone dialling was used to screen a random sample from the entire adult populations of France, Germany, Italy, Spain and the UK. Structured interviews were conducted between February and July 2011.
RESULTS: Interviews were conducted with 1507 patients (France, n = 300; Germany, n = 300; Italy, n = 300; Spain, n = 305; UK, n = 300). On average, 40% of patients had incurred no out-of-pocket expenses for medical treatment or services over the past 12 months (range, 18% [Italy] to 75% [UK]). Of the 562 patients who reported out-of-pocket expenses (mean, €707.1; 95% CI 741.1-7,042.2) greater overall cost per subject compared to controls. Top three drivers were attributed to dermatology-related outpatient costs. Approximately, three additional dermatology-related outpatient visits were observed in the follow-up period compared to baseline. CONCLUSIONS: AD is costing the U.S. payer an additional $912 per person compared to subjects with AD. Future research could determine the impact of current treatment on the economic burden of this disease.

PHS22 BURDEN OF INVASIVE PNEUMOCOCCAL DISEASES IN OLDER ADULTS IN THE NEW EU COUNTRIES OF THE CENTRAL EUROPE
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OBJECTIVES: Streptococcus pneumoniae causes a wide spectrum of illness from upper respiratory tract infection to severe invasive pneumococcal disease (IPD), defined as the identification of S. pneumoniae normally sterile site. The most severe IPD forms are meningitis, bacteremia and septicaemia. Older adults are at increased risk of death from IPD. The former socialist countries of the Central Europe form a unique region with specific health care and epidemiological characteristics, and where the local evidence on the underlying epidemiology is scarce. The objective was to estimate the economic burden of IPD in those ≥50 years of age in the Czech Republic (CZ), Slovakia (SK), Poland (PL), and Hungary (HU) using most recent data available. METHODS: The incidence of IPD stratified by age groups 50-64, 65-74, 75-84 and ≥85 was obtained from national surveillance systems (PL,
The incidence identified the hospitalization for atrial fibrillation/sepsis and meningitis per 100,000 person years were: 2.07 and 1.34 (CR), 1.2 and 0.49 (SK), 0.66 and 0.32 (HU), and 1.36 and 1.01 (HU). The case fatality rate was: 31% and 25%, 12% and 25%, 40% and 63%, and 11% and 29%. An exponential increase in both measures was seen with advancing age. The total economic burden of IPD in adults over 50 was: EU 666,050; 159,528; 180,015 and 140,249. Adults ≥65, who represent 41% of the combined population, account for 54% of the costs. CONCLUSIONS: The IPD burden in adults increases with age, and is associated with a high risk of death. Higher incidence in HU obtained from insurance records seems to more reliably reflect the reality and highlights systematic underreporting of national surveillance systems.

**PHS23**

**DIRECT MEDICAL COSTS ASSOCIATED WITH STROKE IN NON-VALVULAR ATRIAL FIBRILLATION IN INDIA**

**OBJECTIVES:** To estimate the stroke related disease burden in terms of health care resource utilization and average per-patient costs among patients with a prior diagnosis of non-valvular atrial fibrillation (NVAF) in India. **METHODS:** Data were collected retrospectively in three large multidisciplinary community hospitals in three cities in India. Medical charts of 400 patients diagnosed with stroke and NVAF from January to March 2012 in a hospital in the Mexican Social Security System were abstracted. We evaluated demographic characteristics, diagnosis, risk factors, comorbid conditions, date of diagnosis/admission, date of discharge, and type of inpatient procedures. **RESULTS:** A total of 20635 persons were injured and 1106 persons were died on the road by traffic accident. 45 percent of casualty traffic accidents were derived from the financial database of the National Health System. The mean cost was 90.63 (SD 132.76) per patient. Risk factors or influenza vaccine status did not impact the mean cost. In children and older people these costs were very similar (0-4 y: 76.74; 5-14 y: 75.46; ≥15 y: 72.56). Most cost items were follow-up consults and antibiotics. For adults, costs almost doubled, reaching approximately 141.25. **CONCLUSIONS:** Economic burden of influenza B is dominant, it causes an important economic impact. Further investigations regarding seasonal influenza B is rare and not entirely applicable in France, our study aims to assess its costs in 2010/2011 under the French Health Insurance System perspective. METHODS: To assess the clinical and demographic days of hospital stay which cause a high economic impact on accessibility to other hospital claims.

**PHS26**

**ECONOMIC BURDEN OF SEASONAL INFLUENZA B IN FRANCE DURING WINTER 2010-2011**

**OBJECTIVES:** In France, 4-10% of the population is annually affected by influenza. This represents direct and indirect costs, which vary according to the dominant influenza virus strain circulating. **METHODS:** The purpose of the study was to assess the economic burden of influenza B. This represents direct and indirect costs, which vary according to the dominant influenza virus strain circulating. **METHODS:** The purpose of the study was to assess the economic burden of influenza B. **RESULTS:** The findings of the study indicated that the acute respiratory infection a physician, member of an influenza surveillance network in France (GROK network), completing the routine clinical form and whose nasopharyngeal swab was lab confirmed positive for influenza B. **CONCLUSIONS:** The results of the study showed that a season in which influenza B is dominant, it causes an important economic impact. Further investigations of strategies (vaccines) for reducing influenza B cases, providing evidence for policy-makers' decisions in progress.

**PHS24**

**EVALUATION OF THE CLINICAL AND ECONOMIC BURDEN OF THE HUMAN IMMUNODEFICIENCY VIRUS INFECTION AMONG VIETNAMESE VETERAN PATIENTS**

**OBJECTIVES:** To assess the clinical and demographic characteristics, utilization, and cost patterns of human immunodeficiency virus (HIV) patients in the U.S. veteran population. **METHODS:** A retrospective analysis was performed using the Veterans Health Administration (VHA) Medical SAS Datasets from October 1, 2007 to September 30, 2011. **RESULTS:** In the study period, 1,201,490 cases were identified with HIV if denoted by 99.92% of HIV patients, followed by inpatient (20.44%) and outpatient emergency room (ER) visits (7.11%). An average number of 0.39 inpatient visits and 21.01 outpatient visits per patient occurred during the 1-year follow-up period. Outpatient visits during the follow-up period as well as frequent comorbidities and drug use were found to be major cost drivers, clinical efforts should focus on timely management of NVAF induced strokes and use of preventive treatments.

**PHS25**

**THE COST OF MANAGEMENT OF PATIENTS WITH ATRIAL FIBRILLATION: AN OBSERVATIONAL STUDY IN UK NHS PRIMARY CARE**

**OBJECTIVES:** The aim of this study was to evaluate from the public payer perspective in Mexico, the cost of care of patients with gastrointestinal bleeding. Methods: Through review of medical records of patients with gastrointestinal bleeding from January to March 2012 in a hospital in the Mexican Social Security Institute (IMSS) we evaluated the length of hospital stay, laboratory tests, endoscopy, and pharmacological treatment prescribed. We used as reference the 2011 database of the institution and expressed the cost in U.S. dollars (USD) at an exchange rate of 13.72 Mexican pesos/USD [June 2012] and calculated the average cost per diagnostic and identification of major cost and identify the costs associated with higher cost. **RESULTS:** We included 70 patients with mean age 68 ± 14 years, 61% were women. 80% of cases had a comorbidity, the most frequent was systemic arterial hypertension (80%). On average hospital stay was 8 ± 4 days. The average length of stay per patient was 3,776 USD (1,490 USD- 8,180). The major cost component was hospital stay accounting for 81% of total costs. In patients Age over 85 years, the presence of comorbidities or gender were no associated with higher cost (p > 0.05). **CONCLUSIONS:** Gastrointestinal bleeding is a major cause of resource utilization and may have an impact on morbidity, mortality, and costs of care. The aim of this study was to evaluate from the public payer perspective in Mexico, the cost of care of patients with gastrointestinal bleeding.