OBJECTIVES: To assess the effectiveness of atropine and atropine with glycine in organophosphate poisoning. METHODS: A retrospective study was conducted in a tertiary care teaching hospital of South India. Data was collected retrospectively from medical record section from 2012 to 2013 in a suitable designed case record form. Data was analysed by using SPSS 20.0 with chi-square test. RESULTS: Total of 99 cases of organophosphate poisoning were documented out of which 135(67.8%) were males and 64(32.2%) were females. The average age in this group of patients was found to be 34.22 + 4.26. The average pre-hospitalization period was 1.58 + 2.07 day. The majority of the cases were suicidal (94.5%). A total of 159 patients received only atropine as treatment with an average hospital stay of 12.66 (SD=11.88) days and a mean of 8.71(SD=10.03) days duration in ICU. Whereas the other 40 patients received both atropine and glycopyrrolate as treatment with an average stay of 15.68 (SD=12.76) days and a mean of 12.12 (SD=10.40) days duration in ICU. Amongst the 159 patients who received only atropine 40.9% received ventilation and 59.1% did not receive ventilation. Out of the 40 patients who received both atropine and glycopyrrolate only 60% received ventilation. Out of the 159 patients who received only atropine 7.6% underwent tracheostomy and 25.8% were found to have intermediate syndrome. For patients who received both atropine and glycopyrrolate 14.5% underwent tracheostomy. Efficacy of two regimens reveals that atropine was found to be more effective when given alone when compared with atropine and glycopyrrolate combination in OP poisoning.

PHI7
THE EFFECTIVENESS OF FIRST TRIMESTER COMBINED SCREENING ON REDUCING THE RATE OF INVASIVE GENETIC PROCEDURES IN A CITY BASED POPULATION OF HUNGARY 2010-2013
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OBJECTIVES: To assess the effectiveness of combined biochemical and ultrasound screening for chromosomal abnormalities in the first trimester of pregnancy in reducing the rate of invasive genetic procedures in a city based population on Hungary. METHODS: Previously women aged 35 or more years had had access to chorionic villus sampling (CVS) or amniocentesis (AC). A private prenatal diagnostic center opened in a public hospital based screening protocol irrespective of maternal age. Invasive testing was performed for women having a combined risk for fetal aneuploidy>1/250. Total number of 4611 singleton and twin pregnancies in the gestational age of 11±0.5 and 13+6 weeks were enrolled between November 2010 and August 2013. Maternal serum level of pregnancy associated protein-A (PAPP-A) and free-beta human chorionic gonadotropin (free-hCG) were determined by KRYPTOR (Brahms-Thermofisher GmbH, Germany). RESULTS: The screening rate in this city based population was 277 (6.3%) women had a positive first trimester screening result. There were 16 fetuses with Down’s syndrome and 14 fetuses with other chromosomal abnormalities diagnosed. The sensitivity and specificity were 100% and 95%. The positive predictive value was 4.5% and the false negative rate was 0%. The positive predictive value of the test was 11%, the negative predictive value was 100%. The number of pregnancies in which an invasive test was performed decreased from 518 in 2005 to 295 in 2013, or by 44%. The proportion of women aged less than 35 years increased, while the rate of women over 35 decreased in this invasive group. CONCLUSIONS: It is possible to change the pattern of invasive prenatal procedures and reduce the proportion of women having CVS or amnio. Efficient informed counseling is needed to increase the screening rate, especially in a self-financed system, where the public health insurance does not cover this type of nationwide screening.

PHI8
BURDEN OF DISEASE IN ASIAN COUNTRIES AND THE USE OF DISABILITY-ADJUSTED LIFE-YEARS AND QUALITY-ADJUSTED LIFE-YEARS
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OBJECTIVES: Disability-adjusted life-years (DALYs) and quality-adjusted life-years (QALYs) are two measurements commonly used in health care evaluations; however the specific disease areas where they are most applicable are not fully determined. Note:1US dollar=928.80 to $1547.99, and the costs will be increased with high likelihood of neonatal weight.

RESULTS: Invasive testing was performed for women having a combined risk for fetal aneuploidy. The positive predictive value of the test was 11%, the negative predictive value was 100%.

The sensitivity and specificity were 100% and 95%, the false positive rate was 4.5% and the false negative rate was 0%. The negative predictive value of the test was 11%, the negative predictive value was 100%.

The number of pregnancies in which an invasive test was performed decreased from 518 in 2005 to 295 in 2013, or by 44%. The proportion of women aged less than 35 years increased, while the rate of women over 35 decreased in this invasive group.

CONCLUSIONS: It is possible to change the pattern of invasive prenatal procedures and reduce the proportion of women having CVS or amnio. Efficient informed counseling is needed to increase the screening rate, especially in a self-financed system, where the public health insurance does not cover this type of nationwide screening.

PHI10
AN UPDATE OF COST-EFFECTIVENESS OF ROTAVIRUS VACCINATION IN INDONESIA: TAKING A BIRTH-DOSE VACCINATION STRATEGY INTO ACCOUNT
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OBJECTIVES: Rotavirus infection was reported as the major cause of severe diarrhea in children under 5-years-old in Indonesia. A low cost rotavirus vaccine to protect infants from birth has been developed for developing countries, such as Indonesia. This study aims to update our initial analysis on the cost-effectiveness of rotavirus vaccination in Indonesia, taking a birth-dose vaccination strategy explicitly into account. METHODS: An age-structured cohort model was developed for Indonesia birth-dose for formula-fed and breastfed infants. Results: for formula-fed and breastfed infants, we compared two vaccination strategies: (i) three-dose schedule at 2, 3 and 4 months of age, and (ii) three-dose schedule at 2, 3, and 4 months of age with a 5 monthly analytical cycles for children less than 1 year of age and annually thereafter. We also used Monte Carlo simulations to examine the economic acceptability and affordability of the rotavirus vaccination. RESULTS: Rotavirus vaccination was cost-effective in children under 5-years-old, 585,866 and 489,259 cases for the first and second strategies, respectively. Considering amarket price of US$ 5 per dose, the Indonesian government would require budgets of US$ 65.7 million and US$ 65.3 million for the first and second strategies, respectively.