well as in the incidence of Methylcillin-Resistant SA (MRSA) infection among children: from 6.7/1000 admissions in 2002 to 21.2/1000 admissions in 2007. The most frequent clinical manifestations of SA infections include abscess and cellulitis, pneumonia, osteomyelitis and bacteremia. Children under the age of one year have a substantially higher rate of SA bloodstream (SAB) infections. Mortality rate due to SAB is up to 10% in neonates while approximately 2% among children. Rates of MRSA infection were highest in the USA (31.4-59.5% of HA SA infections) and Southern Europe (28-63%), lower rates in Central Europe (6-22%) and the lowest rates in Northern Europe (<1%). MRSA infections are associated with higher rates of crude mortality than Methylcillin-Resistant SA (MSSA) infection worldwide (OR 1.8, 95% CI 1.5-2.1 – Shore et al 2007). CONCLUSIONS: Serious SA infection represents a substantial and potential growing public health problem in the pediat-ric population. Given the difficulty of developing new classes of antibiotics and the increasing likelihood of resistance developing to all currently available antibi-otics, a vaccine could help to prevent these infections in children and reduce associ-ated morbidity and mortality.

PIN14 PRESCRIBING PATTERNS OF SEBIVO® (TELBIVUDINE): A SURVEY AMONG PHYSICIANS IN SELECTED EUROPEAN COUNTRIES
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OBJECTIVES: To describe the initial decision to prescribe telbivudine and the pre-scription patterns in outpatient clinical settings in Europe. To assess the prescrib-er’s knowledge regarding the safety, profile of telbivudine. METHODS: This observa-tional cross-sectional sectional study examined the initial decision to prescribe telbivudine and the prescribing patterns among 48 physicians randomly selected in Germany, Italy and Spain. Physicians were eligible to take part in the study if they had prescribed telbivudine in the 12 months before the survey. RESULTS: More than 60% of the participating physicians were prescribing entecavir and tenofovi-dine and tenofovir disoproxil fumarate at the time of the survey. Physicians re-port a varied frequency for monitoring HBV DNA and alanine transferase (ALT) levels after initiation of telbivudine treatment (94% monitor at least 6 months and 65% monthly). Drug characteristics most frequently mentioned by physicians as the reason to initiate treatment with telbivudine were rapid viral suppression (70%), efficacy in treatment-naive patients (69%), favorable safety profile (49%) and predictable clinical outcomes (41%). Considering the characteristics of the indi-vidual patient at treatment initiation, the most frequent reasons to prescribe tel-bivudine were: rapid viral suppression at treatment initiation, the most frequent reasons to prescribe telbivudine were: rapid viral suppression (70%), efficacy in treatment-naive patients (69%), favorable safety profile (49%) and predictable clinical outcomes (41%). Physicians reported being aware of the requirement for monitoring possible side effects particularly muscle related events and changes in renal function. CONCLUSIONS: Overall, these results indicate physicians in the EU who prescribe telbivudine are aware of the potential benefits and risks of telbivudine treatment and the prescription is based on the well validated manage-ment guidelines (roadmap concept).

PIN15 TRENDS IN VARICELLA-ZOSTER INCIDENCE IN THE NETHERLANDS & BOOSTING EFFECT WITHIN HOUSEHOLDS
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OBJECTIVES: Vaccination against varicella is discussed in literature with regard to the possible effects on the incidence of herpes zoster, as both are caused by the varicella-zoster virus (VZV). We investigated whether temporal trends exist in the incidence of varicella and the incidence of herpes zoster. We also conducted a case-control study to investigate the boosting effect within families, based on our information on household situation. METHODS: Using Dutch general practitioner (GP) practices and pharmacies databases, longitudinal data, including free text fields, was collected about varicella and herpes zoster from approximately 165,000 patients over 7 years. Data included date of birth, date of diagnosis, gender, and household situation. RESULTS: A seasonal trend for the incidence of varicella was found with a peak in spring, but no temporal trend was found for the incidence of herpes zoster. The results of the case-control study show the following: people living within a household with varicella as a household case are less likely to develop herpes zoster at the period of +/− 2 months after exposure to varicella (mean age is 22.9 years; OR = 0.4, 95% CI 0.3-0.5). However people within the same household as varicella patients are more likely to develop herpes zoster within 2 months to 7 years after exposure to varicella (mean age is 27.9 years; OR is 1.3, 95% CI: 1.1-1.5). CONCLUSIONS: The trend analyses show a seasonal trend in the incidence of varicella where the incidence of herpes zoster is more or less stable over time. The case-control study shows that people within the same household with varic-el cell patients are less likely to develop herpes zoster immediately after exposure and more likely to develop herpes zoster later in life. As herpes zoster is positively correlated with age this is expected.

PIN16 RATES AND PREDICTORS OF GONORRHEA RE-SCREENING AMONG PRIVATELY INSURED PATIENTS WITH GONORRHEA IN 2007-2009
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OBJECTIVES: Gonorrhea is the second most commonly reported bacterial STD, most of which is diagnosed in the private sector. STD treatment guidelines suggest retesting people with gonorrhea 3 months post treatment. The objective was to examine the rate and predictors of re-testing within 3-6 months among privately insured adults with gonorrhea. METHODS: Analysis was performed using the CPT codes: 87081, 87205, 87590, 87591, 87492, 87800, and 87801 within 3-6 months after the index date. Logistic regression model was used to identify factors affecting the likelihood of gonorrhea retesting. RESULTS: Among 1016 persons diagnosed with gonorrhea, about 48% were in the age group 15-25 years, 36% in 25-45 years, and 16% in 45-50 years. The majority were women (61%). Only 11% (1016 (10.8%)) were diagnosed within 3-6 months. The re-screening rates in 2007, 2008, and 2009 were 6.1%, 11.6%, and 13.7%, respectively. The re-screened individuals were more likely to be: women but not pregnant (OR = 1.93, 95% CI 1.20-3.09) and younger: 15-25 years old (OR = 2.65, 95% CI: 1.17-6.00) and 25-40 years old (OR = 2.65, 95% CI: 1.28-4.66), compared to 2007. CONCLUSIONS: While re-screening rates are increasing among privately insured patients diagnosed with gonorrhea, they are still very low. To improve re-screening rate, policy makers should urgently consider policy options including rescreening of all gonorrhea cases for effective control of the disease.

Infection – Cost Studies

PIN17 MODELLING BUDGET IMPACT (BI) OF VACCINATING AT-RISK ADULTS AND THE ELDERLY WITH 23-VALENT PNEUMOCOCCAL POLYSACCHARIDIC VACCINE (PPV23) COMPARED TO 13-VALENT PNEUMOCOCCAL CONJUGATE VACCINE (PCV13) IN GERMANY
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OBJECTIVES: Streptococcus pneumoniae is a leading cause of life-threatening pneumococcal diseases (PDs). In Germany, PPV23 has been reimbursed in the elderly (aged 60 and over) since 1998. In 2006, the pneumococcal conjugate vaccine (PCV) was introduced in children and is expected to be launched in adults shortly. US experience showed that PCV vaccination of children led, ten years after its intro-duction, to a decrease in invasive PCV serotypes, and to an increase in IPD caused by the non-PCV serotypes. This study aimed to assess the BI of vaccinating at-risk adults and the elderly (aged 60 and over) with PPV23 and/or PCV13 in Germany. METHODS: A multi-cohort, popula-tion-based Markov model was developed, consisting of five health states: no PD, IPD, NRBP (non-bacteraemic pneumococcal pneumonia), post-meningitis sequelae and death. Cohorts of individuals receiving initial vaccination, and the unvaccinated individuals were followed over time. All data were obtained from published sources. German epidemiological trends were modelled according to US data. As vaccine effectiveness in adults against the vaccine-serotypes is not available for PCV13, optimistic and pessimistic hypotheses were defined. The net budget impact (NBI) was calculated for the 2012-2016 period. RESULTS: Vaccinating German ar-tisk adults and the elderly with PCV13 at current vaccine uptake resulted in an annual saving of €332,871 of €239,016 per 1000 persons followed in 2010. In the analysis following cost categories were included: drugs (tenofovir, entecavir, adefovir, lamivudine), monitoring, hospitalizations and complications of hepatitis-B (cirrhosis, hepatocellular carcinoma). Reimbursement assumption was that tenofovir will be financed in health therapeutic program on the basis of financing principles of entecavir and adefovir. It was assumed that tenofovir will be initial (first choice) therapy in population of patients who are eligible to tenofovir, entecavir or adefovir therapy in case of reimbursement. Only lack of tenofovir reimbursement expen-ditures on antiviral drugs in target population will be ca 120,000,000 PLN in 2015. Total expenditures in the target

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