and 38/100,000 population/year, respectively. In both countries, the most common isolates were C. albicans, C. parapsilosis and C. glabrata. In patients with fluconazole-resistant isolates, de-escalation resulted in higher cure and survival rates than escalation, with cost savings of €6,880/patient treated in France and €2,007/patient treated in Germany. Regardless of fluconazole sensitivity, de-escalation resulted in higher cure and survival than escalation. Average wage was retrieved from IBGE 2013. Return on Investment was determined with an annual discount rate of 5%. Only the portion of employees more than 50 years of age due to sickness or death. Clinical events were calculated using a Markov model. The study was conducted from the perspective of third-party payers and net profit. The study was conducted from the perspective of third-party payers. A Marcos model was developed with 10-day cycle length, capturing clinical cure, first and subsequent recurrence, and treatment outcomes within 1-year. Six patient sub-groups were analysed: patients with (a) severe CDI; (b) a first recurrence; (c) cancer; (d) aged ≥ 65 years; (e) renal impairment; and (f) receiving concomitant antibiotics. Model inputs were derived from published literature and an expert panel. RESULTS: Total costs per patient were lower with fidaxomicin than vancomycin for different CDI (€16,529 vs. €14,715). Fidaxomicin was associated with higher quality-adjusted life years (QALYs) than vancomycin for all patient groups and was a dominant option for these three sub-groups. Fidaxomicin was cost-effective at an implicit incremental cost-effectiveness ratio (ICER) threshold of £20,000 per QALY gained for severe CDI (ICER = £16,529) and patients with renal impairment (ICER = £16,693). The annual budget impact of fidaxomicin compared with vancomycin was £24,500 for patients receiving fidaxomicin and £4,500 for patients receiving vancomycin in the six patient sub-groups combined. Conclusions: Fidaxomicin is likely to be a dominant treatment, when compared to vancomycin, for patients with recurrent CDI, cancer or those aged ≥ 65, and is likely to be cost-effective at a £20,000 threshold for severe CDI and patients with renal impairment.

PIN32

FINANCIAL ANALYSIS OF A VACCINATION CAMPAIGN USING 13 VALENT PNEUMOCOCCAL CONJUGATED VACCINE (PCV13) WITH EMPLOYERS

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OBJECTIVES: This study evaluates the ROI (return on investment) for a PCV13 vaccination campaign with employers for adults ≥ 65 years old. METHODS: A budget impact analysis was developed considering vaccination costs, pneumococcal disease events, and productivity loss from employee absence due to sickness or death. Clinical events were calculated using a Markov model with individual-level simulation considering a cohort of 1,000 employees and an annual discount rate of 5%. Only the portion of employees more than 50 years of age was considered. 21% according to Brazilian Institute for Geography and Statistics, IBGE. Absence days due to health events were retrieved from national labor legislation. Average wage was retrieved from IBGE, 2013. Return on Investment was calculated as the time until savings from the cost of productivity gains exceeds investment in a vaccination program. RESULTS: A campaign for 206 employees 50+ years old cost BRL 31,724 and in the first 2 years the return with BRL 31,449 due to reduction in events and absenteeism and one fewer death. The ROI will be in 4.17 years. Conclusions: In addition to decreasing productivity loss, death, and additional treatment cost, a pneumococcal vaccination campaign for employees over 50 years old yields a positive return on investment.

PIN33

TOTAL HOSPITALIZATION COST AND LENGTH OF HOSPITAL STAY FOR PATIENTS WITH CARBAPENEM-RESISTANT VERSUS CARBAPENEM-SENSITIVE ABSCESSES IN A TERTIARY CARE HOSPITAL

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OBJECTIVES: To find out the average cost of hospitalization and length of hospital stay for patients infected with carbapenem-resistant bacteria and compare it with