EXCEL decision analytic model we considered disease incidence and sequelae, sero-
type coverage and health care utilization to compare costs and impact of PCV13 vs.
PCV10, vs. PCV7 and vs. no vaccination on invasive pneumococcal disease (IPD),
pneumonia, and otitis media, among vaccinated children (direct effects only) and the
effects on their caregivers including indirect (herd) effects. Epidemiological data were
gathered from a number of sources. Greek published studies and the National Statistical Service were supplemented by expert panel opinion and international literature. Published costs from the Athens
University Paediatric Hospital and government price bulletins were employed, assum-
ing price parity between PCV7 and PCV13. Only hospital treatment costs were consi-
gered and outcomes were discounted at 3%. RESULTS: Immunization with PCV7
PCV10, and PCV13 would eliminate 74%, 82%, and 89% of IPD among vaccinated
children, respectively. Assuming 84% vaccination rate with the recommended 3+1
dose schedule and adding indirect benefits, PCV7 vaccination would reduce IPD
incidence by 63% in the total population versus no vaccination and would prevent an
additional 6 and 4 deaths annually compared to PCV7/10 respectively. PCV13
vaccination would annually save €158k or €189k versus PCV7 and PCV10 respec-
tively, after accounting for direct benefits, and €880k or €232k respectively including
indirect effects. Compared to no vaccination annual cost savings reached €2403K
(€903K if considering only direct benefits). CONCLUSIONS: Introducing PCV13 in the
Greek National Immunization schedule would provide additional protection against pneumococcal disease and cost savings for the health care system vs. existing
PCV vaccines.

P1N36
SCREENING OF MIGRANTS FOR CHRONIC HEPATITIS B VIRUS INFECTION: A COST-EFFECTIVENESS ANALYSIS
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OBJECTIVES: To estimate the cost-effectiveness of implementing mass screening for chronic hepatitis B virus (HBV) infection in the Netherlands. METHODS: A decision analytic model was developed. We projected the future course of liver disease in the model using a Markov model with 5 health states: non-infected, preclinical HBV infection, chronic HBV infection, cirrhosis, and decompensated liver disease. Transition rates, utility values, and costs were obtained from the literature. RESULTS: A one-time mass screening of 150,000 first-generation immigrants would cost €1,120,000 and prevent 264 deaths from liver-related causes at a lifetime horizon. Cost per QALY gained was €2.9 million. CONCLUSIONS: Introducing mass screening for chronic hepatitis B virus infection in the Netherlands would be cost-effective with a very high cost per QALY gained. A trade-off exists between cost-effectiveness and public acceptability. A pragmatic study to determine the acceptability and feasibility of mass HBV screening in the Netherlands is needed.

P1N37
COST EFFECTIVENESS OF PEGYLATED-INTERFERON ALFA 2B + RIBAVIRIN FOR CHRONIC HEPATITIS C (CHC) IN PATIENTS WHO HAVE PREVIOUSLY FAILED TREATMENT WITH INTERFERON-BASED THERAPY IN AUSTRALIA
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OBJECTIVES: To determine the cost effectiveness of Pegatrol combination therapy compared with no treatment for Australian patients who have failed an initial attempt at interferon-based (pegylated or non-pegylated) therapy. METHODS: The structure of the Markov model, utility values and transition probabilities were based on the literature. SVR and virologic response rates by genotype and fibrosis were obtained from a Cochrane Database of Systematic Reviews. RESULTS: Compared to no treatment, Pegatrol combination therapy was cost-effective (1.1 million Australian dollars per QALY gained) and dominated no treatment. CONCLUSIONS: Based on our model, Pegatrol combination therapy is a cost-effective therapy for patients without a response to interferon-based therapy. A cost-effectiveness model of the pegylated interferon combination therapy is needed to determine the cost-effectiveness of this therapy for patients failing interferon-based therapy.

P1N38
COST-EFFECTIVENESS OF DORIPENEM IN THE TREATMENT OF VENTILATOR-ASSOCIATED PNEUMONIA IN MEXICO
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OBJECTIVES: To determine if doripenem is a cost-effective option compared with the most utilized treatments in patients with Ventilator-Associated Pneumonia (VAP) in Mexico, from the point of view of the Mexican Institute of Social Security (IMSS). METHODS: A decision tree was elaborated for patients with VAP. Patients were assumed to be treated with doripenem, imipenem or piperacillin-tazobactam (PT)