OBJECTIVES: To measure costs associated with treatment failure among patients with moderate or complicated CA-MRSA skin infections. METHODS: This was a retrospective study in a primary care setting for patients with community-acquired methicillin-resistant Staphylococcus aureus (CA-MRSA) skin infections. Patients experiencing failure following occurred within 90 days of their initial visit: 1) change in antibiotic therapy; 2) subsequent need for incision and drainage (I&D); 3) subsequent positive MRSA culture; or 4) hospital admission. The cost analysis was performed from the perspective of the Health Insurer payer. Medical costs were determined using estimates from the Agency for Healthcare Research and Quality. National Average Drug Acquisition Costs, obtained from the Centers for Medicare and Medicaid Services, were used to estimate drug costs. All costs were adjusted to 2011 United States dollars using national medical-care inflation rates. The prices of health services, were used to estimate drug costs. All costs were adjusted to 2011 United States dollars using national medical-care inflation rates. The prices of health services were adjusted to prices of 2011 and converted to American dollars.

CONCLUSIONS: The estimated economic cost of bacterial pneumonia in children less than 5 years old was $134,800 per cohort in Colombia. Of the estimated cost of patients required Intensive Care Unit (LOS: 12.6). The median of cost per outpatient case was US$826.8 (IQR: 51-483); the median of cost per inpatient case of moderate complexity was US$130.4 (IQR: 81.6-222.6) and in ICU US$341 (IQR: 1862-4821). The total cost of cases was US$182,000.3 CONCLUSIONS: Most probably viral diarrhea cases are mild with low average of stay. Despite the introduction of the rotavirus vaccine only 3% of the treatment failures children under 5 years in Colombia has a significant burden of disease in this cohort.

PIN20 COSTS OF PROBABLE BACTERIAL PNEUMONIA IN CHILDREN UNDER 5 YEARS OLD IN COLOMBIA
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METHODS: To estimate the economic cost of bacterial pneumonia in children under 5 years old in a 130,800-children cohort in Colombia. METHODS: A descriptive study of economic costs was made. A database of 2010 attentions of patients whose infection is progressing despite empiric antibiotic treatment failure (n = 11/36, 31%). Of the 11 who failed therapy, 91% required a change in antibiotic regimen at an additional mean cost of $4 per person. Finally, 9% of patients required a change in antibiotics received trimethoprim-sulfamethoxazole as initial antibiotic therapy. Patients frequently required the addition of either clindamycin (50%) or doxycycline (30%) to their initial antibiotic regimen. Additional I&D procedures were necessary in 27% of patients at a mean cost of $2130 per person. Finally, 9% of patients required hospitalization at a mean cost of $17,590 per person. The overall mean cost of treatment failure was $2184 per patient. No adverse drug events were reported.

CONCLUSIONS: One-third of adult outpatients with moderate or complicated CA-MRSA skin infections will experience treatment failure at a mean cost of $184 per patient.

PIN19 COSTS OF PNEUMOCOCCAL DISEASES IN PATIENTS WITH MOTHERS THAN 50 YEARS OLD: A MICRO-COSTING APPROACH
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OBJECTIVES: Streptococcus pneumoniae is one of the most important etiologic agents of both, respiratory infections and systemic invasive diseases, with significant rates of morbidity and mortality in the elderly, which represents an economic burden. There are few published studies describing the cost of care for elderly patients with pneumococcal disease in Latin America. The goal of this study is to estimate the direct medical costs of the acute phase of pneumococcal disease, its complications and sequelae in elderly patients in Mexico, regarding the perspective of the Social Security Mexican Institute (IMSS). METHODS: Resource use in the treatment of pneumonia, bacteremia, meningitis and acute otitis media (AOM) was extracted from 112 clinic files of patients ≥50 years with confirmed diagnosis of pneumococcal disease, treated at Guadalajara, Monterrey and Mexico City hospitals, using a micro-costing approach (bottom-up strategy). Items included in the analysis were: drugs, laboratory tests, outpatient and inpatient care, rehabilitation, procedures and surgical interventions. Resource use for the treatment of complications and sequelae were derived through a Delphi panel (n = 13, infectologists, pediatricians and internist physicians, IMSS). Concordance index for the Delphi panel results was estimated. The unit cost of medical resources was extracted from institutional source. RESULTS: The estimated direct cost (2011 US$) associated to acute phase of pneumococcal disease was US$5,323, outpatient US$172, infant pneumonia US$4,718, bacteremia US$7,698, meningitis US$10,687. Cost of complications (such as systemic, respiratory, cardiac, etc.) was US$667,1, outpatient pneumonia US$1,502, infant pneumonia US$827, bacteremia US$1,580, meningitis US$1,060. The costs of complications (such as cardiac, renal) were US$355,327. CONCLUSIONS: The high institutional costs associated with pneumococcal disease, as well as its complications and sequelae, merit that decision makers maintain and promote prevention policies for this disease in the elderly.

PIN18 ECONOMIC COSTS OF PROBABLE BACTERIAL PNEUMONIA IN CHILDREN UNDER 5 YEARS OLD IN COLOMBIA
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METHODS: To estimate the economic cost of bacterial pneumonia in children under 5 years old (56.7% in under-2 years). 309 cases (20%) were outpatient. Of inpatients, 15.9% were of moderate or complicated infections if they had a lesion 5 cm in diameter, diabetes mellitus, or both. Patients experienced treatment failure if any of the following occurred within 90 days of their initial visit: 1) change in antibiotic therapy; 2) subsequent need for incision and drainage (I&D); 3) subsequent positive MRSA culture; or 4) hospital admission. The cost analysis was performed from the perspective of the Health Insurer payer. Medical costs were determined using estimates from the Agency for Healthcare Research and Quality. National Average Drug Acquisition Costs, obtained from the Centers for Medicare and Medicaid Services, were used to estimate drug costs. All costs were adjusted to 2011 United States dollars using national medical-care inflation rates. The prices of health services were used to estimate drug costs. All costs were adjusted to prices of 2011 and converted to American dollars.

CONCLUSIONS: One-third of adult outpatients with moderate or complicated CA-MRSA skin infections will experience treatment failure at a mean cost of $184 per patient.

PIN17 COSTS OF BACTERIAL PNEUMONIA IN PATIENTS UNDER 5 YEARS OLD IN COLOMBIA
Alicia N1, Orozco-African0 JM2, Paternina-Caicedo A1, Correllon W1, Jervis-Jalave D1
1Universidad de Cartagena, Cartagena, Bolivar, Colombia, 2Universidad Nacional de Colombia, Bogota D.C., Cundinamarca, Colombia
METHODS: To measure costs associated with treatment failure among patients with moderate or complicated CA-MRSA skin infections. METHODS: This was a retrospective study in a primary care setting for patients with community-acquired methicillin-resistant Staphylococcus aureus (CA-MRSA) skin infections. Patients experiencing failure following occurred within 90 days of their initial visit: 1) change in antibiotic therapy; 2) subsequent need for incision and drainage (I&D); 3) subsequent positive MRSA culture; or 4) hospital admission. The cost analysis was performed from the perspective of the Health Insurer payer. Medical costs were determined using estimates from the Agency for Healthcare Research and Quality. National Average Drug Acquisition Costs, obtained from the Centers for Medicare and Medicaid Services, were used to estimate drug costs. All costs were adjusted to 2011 United States dollars using national medical-care inflation rates. The prices of health services were used to estimate drug costs. All costs were adjusted to prices of 2011 and converted to American dollars.

CONCLUSIONS: One-third of adult outpatients with moderate or complicated CA-MRSA skin infections will experience treatment failure at a mean cost of $184 per patient.

PIN16 ECONOMIC COSTS OF PROBABLE BACTERIAL PNEUMONIA IN CHILDREN UNDER 5 YEARS OLD IN COLOMBIA
Alicia N1, Orozco-African0 JM2, Paternina-Caicedo A1, Correllon W1, Jervis-Jalave D1
1Universidad de Cartagena, Cartagena, Bolivar, Colombia, 2Universidad Nacional de Colombia, Bogota D.C., Cundinamarca, Colombia
METHODS: To measure costs associated with treatment failure among patients with moderate or complicated CA-MRSA skin infections. METHODS: This was a retrospective study in a primary care setting for patients with community-acquired methicillin-resistant Staphylococcus aureus (CA-MRSA) skin infections. Patients experiencing failure following occurred within 90 days of their initial visit: 1) change in antibiotic therapy; 2) subsequent need for incision and drainage (I&D); 3) subsequent positive MRSA culture; or 4) hospital admission. The cost analysis was performed from the perspective of the Health Insurer payer. Medical costs were determined using estimates from the Agency for Healthcare Research and Quality. National Average Drug Acquisition Costs, obtained from the Centers for Medicare and Medicaid Services, were used to estimate drug costs. All costs were adjusted to 2011 United States dollars using national medical-care inflation rates. The prices of health services were used to estimate drug costs. All costs were adjusted to prices of 2011 and converted to American dollars.

CONCLUSIONS: One-third of adult outpatients with moderate or complicated CA-MRSA skin infections will experience treatment failure at a mean cost of $184 per patient.

PIN36 ECONOMIC BURDEN OF HOSPITALIZATION WITH ANTIBIOTIC TREATMENT FOR ABSSSI IN THE UNITED STATES: AN ANALYSIS OF THE PREMIER HOSPITAL DATABASE
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OBJECTIVES: Current guidelines for the treatment of acute bacterial skin and skin structure infections (ABSSSI) in the United States include hospitalization for patients whose infection is progressing despite empirical antibiotic therapy. In such cases potentially involving S. aureus, guidelines suggest that clinicians should use agents effective against MRSA because of the high prevalence of community-associated MRSA strains. This study attempts to ascertain the US economic burden and near-term outcomes of in-hospital treatment of ABSSSI during recent years.

METHODS: Using the Premier Hospital Database, hospitalization re-