

patients having access to the lower price Arsumax® increased up to 38% of population buying Arsumax® at normal price (3673 / 9641). During the same period, we notice no consumption decrease for others antimalarials of the same therapeutic group. Patients and pharmacists have strictly observed the program procedures. **CONCLUSION:** This study shows that a differentiated price policy allows efficient access to high quality antimalarial drugs for low-income population, through the private drug distribution system. Moreover this program is running without any financing support from the government or international funding. Based on this test, the program is being implemented over the entire country and to other African countries.

**PIN21****AWARENESS AND KNOWLEDGE OF HPV AMONG UNIVERSITY STUDENTS ATTENDING AN HBCU**

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HPV is currently the most common sexually transmitted disease in the United States. It is highly prevalent among sexually active men and women, affecting 20 million people with 5.5 million new cases occurring yearly. About 75% of sexually active individuals will acquire the infection at some point during their lifetime. The highest rates of genital HPV infection have consistently been found in sexually active college age population (20–24-age bracket). **OBJECTIVES:** To assess knowledge of HPV among students attending an HBCU and to test the effectiveness of an educational intervention program. **METHOD:** The participants for this research project were 3rd year Pharm.D college students enrolled at a HBCU in Florida. The design was repeated measures with an intervention versus control group. A general knowledge HPV survey was administered to assess HPV knowledge. T-tests were used to analyze the data. **RESULTS:** Eighty-six percent of the population had heard of HPV. Knowledge of HPV was generally low; out of 6 questions posed only 2 were answered correctly by more than 70% of the population. Education was effective in increasing knowledge of HPV [t(50) = 4.53, p = 0.000]. **CONCLUSIONS:** Awareness of HPV in this population was high but knowledge was low. Simple educational material is effective in increasing knowledge of HPV.

**PIN22****HOSPITALIZED COMMUNITY ACQUIRED PNEUMONIA: A THREE YEAR REVIEW OF PATIENT FACTORS ASSOCIATED WITH PROLONGED LENGTH OF STAY**DePestel DD<sup>1</sup>, Dettloff R<sup>2</sup>, Wolfe T<sup>3</sup>, Townsend K<sup>4</sup>, DeLor B<sup>5</sup>, Giannamore M<sup>6</sup>

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**OBJECTIVES:** The primary objective of this analysis was to identify factors associated with prolonged length of stay (LOS) in patients with hospitalized community acquired pneumonia (CAP). **METHODS:** Data were collected retrospectively on 1861 randomly selected patients with a discharge ICD-9 diagnosis of CAP who were admitted between October 2000 and April 2003 to 29 hospitals in the Great Lakes region. A standardized electronic database was used to collect demographic and clinical data. Logistic regression analysis was used to adjust for potential confounding variables and to identify patient factors associated with a LOS greater than 4 days (cohort median). Pneumonia Severity Index Score (PSI) defined risk class. Antibiotic selection was evaluated relative to standard guidelines (Infectious Diseases

Society of America). **RESULTS:** Patient factors associated with a LOS greater than 4 days included admission during the 2001–2002 season (OR, 1.35; 95% CI, 1.06–1.72), increasing age (OR, 1.01; 95% CI, 1.00–1.02), Risk Class III (OR, 1.50; 95% CI, 1.10–2.06), Risk Class IV (OR, 1.67; 95% CI, 1.20–2.32), Risk Class V (OR, 3.01; 95% CI, 2.0–4.76), ICU admission for pneumonia (OR, 2.11; 95% CI, 1.31–3.40), gram-negative sputum culture (OR, 2.15; 95% CI, 1.37–3.38), gram-positive blood culture (OR, 2.01; 95% CI, 1.28–3.17), increasing hours to antibiotic administration (OR, 1.02; 95% CI, 1.01–1.04), modification of empiric antibiotic regimen (OR, 1.45; 95% CI, 1.17–1.81) and intravenous to oral antibiotic conversion (OR, 2.01; 95% CI, 1.63–2.48). Administration of antibiotic regimens consistent with IDSA guidelines was associated with reduced odds for a longer LOS (OR, 0.50; 95% CI, 0.33–0.77). **CONCLUSIONS:** Several factors were associated with a hospital LOS greater than 4 days. Guideline-compliant antibiotic use was associated with reduced odds for a long LOS. These findings may facilitate further research and the development of targeted management strategies to control LOS and ultimately resource consumption.

**PIN23****ARE SUBJECTS ENROLLED IN CANDIDEMIA CLINICAL TRIALS REPRESENTATIVE OF MOST HOSPITALIZED PATIENTS WITH THIS DISORDER**Sharma R<sup>1</sup>, Rege M<sup>2</sup>, Kachroo S<sup>2</sup>, Garey KW<sup>2</sup>

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**OBJECTIVE:** Clinical trials results are used to guide empiric antifungal therapy. However, how subjects enrolled into clinical trials compare to “real-world” patients is unclear. The purpose of this study was to compare the inclusion/exclusion criteria from published candidemia trials to hospitalized patients with candidemia at our institution. **METHODS:** The inclusion/exclusion criteria from two large, randomized trials of candidemia (N Eng J Med 1994;331:1325–30 and Clin Infect Dis 2003;36:1221–8) were assessed for 86 patients hospitalized with candidemia between 2002 to 2004 at our institution. Variables collected included APACHEII, vitals, receipt of antifungals, past medical and hospitalization history including hematologic cancer, HIV, burns, allergy, organ transplantation, previous candidemia and laboratory values including bilirubin and liver function tests. Inclusion/exclusion criteria from the published clinical trial were compared to results from our patient population. Percent of patients that would be eligible for study entry were calculated. **RESULTS:** Seventy-nine percent of our patients would have been excluded from the clinical trials. The most common exclusion criteria included receipt of amphotericin before identification of candida (42%), laboratory abnormalities including elevated bilirubin (15%) and elevated aminotransferases (2%), organ transplantation (8%) or HIV (3%). No patients were excluded due to pregnancy, burns, allergies, other investigational agents, or congenital immunodeficiency syndrome. If it were possible to include patients before receipt of antifungals, 51% of patient would have been able to be enrolled in the study. ApacheII scores were similar in published clinical trials (16.1) compared to our patient population (17.3). **CONCLUSION:** Subjects enrolled into candidemia clinical trials were similar to our patient population including severity of illness. Exclusion criteria generally involve laboratory safety parameters or different patient populations. Results from these clinical trials are applicable to “real-world” patients.