PIN18

EPILEDIMIOLOGY OF HEPATITIS C PATIENTS IN ITAilian LOCAL HEALTH UNITS (LHUs)

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OBJECTIVES: To estimate prevalence of HCv, using data from routine practice in Italy

METHODS: An observational retrospective cohort based on administrative database containing data from pharmacy registries, hospital discharge, outpa-

tient specialist services and laboratory tests) from a sample of six Italian LHUs was performed.

The date of the first record related to HCv (i.e., positive HCv testing or medications for HCv) during the study period (July 1, 2009 - June 31st, 2014) was considered as a proxy of diagnosis, and used as the index date. Patients with data available for at least 6 months prior to index date were followed up from the index date until the first of the end study period, date of death, or exiting the database. The following study population was included: HCV patients who in the 18 years of age, with at least one HCv test result, and with at least one data entry with HCv-related data from January 1, 2004 to May 2015. Furthermore, patients were included with data for at least 6 years following the start of the study.

RESULTS: The majority of patients (76%) did not receive an antiviral treatment; compared to treated patients, they were more frequently aged >65 years (44% compared to 18 in treated patients), females (46%, vs 40%), under ongoing substance/alcohol abuse (10% vs 3%), with a small proportion of patients with HCV received antiviral therapy. Future analy-

ess should investigate relationships between patients’ characteristics, therapeutic choices and outcomes

PIN19

COST-EFFECTIVENESS ANALYSIS IN AFRICA: A LITERATURE REVIEW

UPDATE

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OBJECTIVES: Rotavirus gastroenteritis (RVGE) is the leading cause of severe diarrhea in children under 5 years of age. Two rotavirus vaccines are licensed to prevent these infections. More than hundred economic evaluations have been published on rota-

virus vaccination since 2006 and their results largely vary. An update of a literature

view was conducted aiming to assess whether differences in the epidemiologi-

cal data used in European evaluations could explain the differences in the results obtained.

METHODS: A literature review with a search to May 2015, focusing on epidemiological data. The following annual

objective and societal burden in adults (7 vs 4%). The majority of patients (76%) did not receive an antiviral treatment; compared to treated patients, they were more frequently aged >65 years (44% compared to 18 in treated patients), females (46%, vs 40%), under ongoing substance/alcohol abuse (10% vs 3%), and only a small proportion of patients with HCV received antiviral treatment. Future analy-

ses should investigate relationships between patients’ characteristics, therapeutic choices and outcomes.

INFECTION – Cost Studies

PIN20

CHOLERA DEATH AUDIT IN GHANA: A MEDICAL RECORD REVIEW OF THE 2014 OUTBREAK

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OBJECTIVES: Ghana has documented recurrent Cholera outbreaks (Davies-Teye, 2014); the w

chools were observed. The European average reported

rate value) annual rates were CAH 0.57% (0.90% Portugal; 1.43% Albania), EDVs 1.13% (0.22% Portugal; 2.40% France), outpatient visits 3.11% (0.56% Netherlands; 7.17% Romania), hospitalisations 9.05% (5.63% Germany; 20.01% Spain). For the countries with multiple publications, rates of CAH and outpatient visits showed large variation (CAH: France 2.82; outpatient: Ireland 5.78). RVGE rates were generally consistent with multiple publications, rates of CAH and outpatient visits showed large variation (CAH: France 2.82; outpatient: Ireland 5.78). RVGE rates were generally consistent with multiple publications, rates of CAH and outpatient visits showed large variation (CAH: France 2.82; outpatient: Ireland 5.78). RVGE rates were generally consistent with multiple publications, rates of CAH and outpatient visits showed large variation (CAH: France 2.82; outpatient: Ireland 5.78).

RESULTS: The expected 5-year health economic impact of targeted PCV13 compared with no vaccination in Finnish home care customers and HTP events were gathered from Finnish national regis-

try data. The European average (minimum and maximum reported

value were considered in the analysis.

A budget impact model was developed to predict the impact of PCV13 vaccination in terms of costs and

HTP avoided at the national and municipal level. A dynamic –cohort Markov modelling approach and a time horizon of 5 years was used. The baseline number of home care customers and HTP events were gathered from Finnish national regis-

tries. The efficacy of PCV13 was estimated based on CAPTIA trial. Only direct costs in 2014 value were considered in the analysis.

RESULTS: All 105,572 Finnish home care customers are considered to be at moderate or high risk for HTP because of under-

lying chronic medical conditions. Vaccination of these people with PCV13 could provide an undiscounted net budget savings of about €42.9 million with the current no-vaccination situation over the next 5 years. Among the risk groups considered, the largest absolute undiscounted net savings (€22.5 million) could be obtained by vaccinating people with heart disease, due to its high prevalence in the target population.

CONCLUSIONS: In Finland, the direct immunization of home care customers with PCV13 is estimated to lead to substantial cost savings in the following 5 years after vaccination.

PIN23

BUDGET IMPACT ANALYSIS OF SOFOSBUVIR-BASED REGIMENS FOR THE TREATMENT OF HIV/HCV CO-INFECTED PATIENTS IN NORTHERN ITALY: THE LIGURIA REGION SIMULATION

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