room visits and hospital admissions. Logistic regressions were constructed to estimate the predictors for resource utilization, and a two-part multivariable analysis model was used to determine the total costs of treatment in the UK. **RESULTS:** Data on 731 patients receiving SMV with pegylated interferon and ribavirin ( PegIFN/R) or PegIFN/R alone were included in the analysis. While MRU was similar between SMV and PegIFN/R group, the PegIFN/R group significantly lower in the SMV group, compared to the PegIFN/R group (P < 0.05). High body mass index (P < 0.05), severe fibrosis (P < 0.05), shortened treatment duration from 48 to 24 weeks (P < 0.05), anaeemia and rash during treatment (P < 0.001) were identified as predictors of hospitalisation and outpatient visits and as drivers of total costs. Univariate sensitivity analyses demonstrated that shortened treatment duration and lower occurrence of rash lead to large cost savings. **CONCLUSIONS:** This study identified both baseline and treatment-related factors that significantly affect the costs for HC patients following antiviral therapy. The shortened treatment duration and reduction in adverse events due to simeprevir treatment lead to extra cost savings compared to standard treatment. This indicates that knowledge gained from the number of lessons in the curriculum. Self-made opened and closed questionnaires were applied, with a focus on the knowledge of hand hygiene. The technique and efficiency of hand hygiene disponion was measured with an infrared lamp. **test, t-test, ANOVA** were performed as a statistical method besides 95% probability (p < 0.05). Data analysis was performed with SPSS 20.0 programs. **RESULTS:** The concept of disinfection was known correctly by 78% of the students, the exact terminology of nosocomial infection was known by 64%. Only 42 students thought that hands have the highest relevance in the transfer if infections. The preconditions of proper hand hygiene were indicated correctly by 11%. Examination with infrared lamp showed that 4 students implemented hand disinfection perfectly. The common mistakes were: the back of the hand, elbows, nails, thumb. **CONCLUSIONS:** Significant reduction of nosocomial infections may and must be reached, to which accurate theoretical and practical education of the students is required, and the requirement has to be monitored continuously and strictly.

**PIN97**

**WILLINGNESS TO PAY FOR AVOIDING MORBIDITY RISK DUE TO MALARIA? RESULTS FROM A GLOBAL META ANALYSIS**

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**OBJECTIVES:** Willingness-to-pay (WTP) to avoid morbidity is a widely-used measure of value assessment. This paper aims to meta-analyze variation in mean-WTP of avoiding morbidity due to malaria. Benefits from avoiding incidences can be approximated for use in cost-benefit analyses (CBA). This study is an improvement of an earlier meta-analysis. Double-counting is avoided (exclusion of related costs for CBA study results), new studies and explanatory variables are added (e.g. malaria incidence rates). More sophisticated regression techniques are employed to deal with issues, such as heteroscedasticity (e.g. multiple observations from a single study). Furthermore, other mosquito-borne diseases (filariasis, trypanosomiasis and encephalitis) are included to test between-disease value variation differences.

**METHODS:** A systematic literature review was conducted, resulting in a dataset of 61 studies, yielding 200 data points. A meta-regression model was estimated. Dependent variable is mean-WTP per treatment per year in 2012 USD (Purchasing Power Parity and inflation adjusted). The explanatory variables consist of (i) treatment characteristics (service, private/public goods etc.), (ii) methodological characteristics (revealed vs. stated preference, WTP elicitation method, etc.), and (iii) sample characteristics (age, gender, exposure etc.).

**RESULTS:** Standardized mean-WTP range is 0.3 USD and 9000 USD. Data is censored over 70% of WTP per year. WTP is 0 for zero-values. Preliminary comparisons show that valuation of malaria avoidance is influenced positively for altruistic interventions and negatively for rural samples. The latter is correlated with income- underlining the vulnerability of poorer people (due to higher exposure). Additionally, we find significantly higher WTP to avoid filariasis over malaria. The meta-regression model explains over 30 percent of observed variation between WTP values. Predictive power is tested using a jackknife resampling procedure: **CONCLUSIONS:** The predictive power of the regression model can be useful for policy-makers in the management of malaria interventions, with a special focus on rural areas. From a methodological perspective, meta-regression helps to improve the practice of benefit transfer, and generate improved predictions for CBA.

**INFECTION – Patient-Reported Outcomes & Patient Preference Studies**

**PIN98**

**PERSISTENCE TO TREATMENT OF CHRONIC HEPATITIS B VIRUS (HBV) INFECTION: A STUDY BASED ON THE FRENCH IMS LIFE LINK TREATMENT DYNAMICS (LTD) DATABASE**

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**OBJECTIVES:** To assess and compare the compliance with anti-HBV antiviral oral drugs. **METHODS:** A pharmaco-epidemiological study, based on the IMS Life Link™ Treatment Dynamics (LTD) database was used to investigate the frequency and the regularity of patients’ deliveries on retail pharmacies for 18 months follow-up period between June 2012 and November 2013. Incident patients with no anti-HBV drug deliveries within the last 3 months were included in the cohort. For the follow-up period, patients with no anti-HBV deliveries in a retail pharmacy within 3 consecutive months were considered having stopped their treatment which can lead to overestimation due to the double dispensing system of these drugs in France. Study investigated patients’ demographic characteristics, persistence rates, medication possession ratio (MPR) and proportion of days covered (PDC) according to initial molecule. **RESULTS:** 793 patients (median age 50 years old) initiating treatment for chronic HBV and not applied for a public grant (65% were excluded); for the follow-up period, 5% of patients switched HBV treatment; 32% of patients stopped their treatment for the follow-up period. Patients who consistently took their treatment had MPR as SMV was 100% and 103% at 6 and 12 months while PDC values are 82% and 78%. No differences stood out among the different treatments, especially between Tenofovir and Entecavir (the two often prescribed HBV drugs). Moreover older patients tend to be more compliant than the youngest one. **CONCLUSIONS:** By using the IMS Lifelink longitudinal database this study highlights the fact that one third of patients treated with anti-HBV treatment stopped it within 18 months while these drugs are well tolerated. Therefore physicians’ challenge consists consequently in motivating patients to continue their treatment even they feel asymptomatic.

**PIN99**

**THE IMPACT OF DRUG-HAND HYGIENE COMPLIANCE OR THE INFLUENCING FACTORS OF EFFICIENCY IN THE SCOPE OF STUDENTS**

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**OBJECTIVES:** The prevalence of nosocomial infections is between 5-15%. Reduction of nosocomial infections, recognition in time and adequate treatment are all empha- sis activities of patient security. The aim of this examination is to measure theo- retical and practical knowledge of hand hygiene of nursing students in secondary education. **METHODS:** Cross-sectional qualitative and quantitative initiative was made, non-random, accidental samples in 2014 January with the participation of stu- dents in secondary nursing education (N=116) to whom the rules of sepsis, aspepsis compared to their knowledge and correlation was made. The number of lessons in the curriculum. Self-made opened and closed questionnaires were applied, with a focus on the knowledge of hand hygiene. The technique and efficiency of hand hygiene disponion was measured with an infrared lamp. y*-test, t-test, ANOVA were performed as a statistical method besides 95% probability (p < 0.05). Data analysis was performed with SPSS 20.0 programs. **RESULTS:** The concept of disinfection was known correctly by 78% of the students, the exact terminology of nosocomial infection was known by 64%. Only 42 students thought that hands have the highest relevance in the transfer if infections. The preconditions of proper hand hygiene were indicated correctly by 11%. Examination with infrared lamp showed that 4 students implemented hand disinfection perfectly. The common mistakes were: the back of the hand, phalanges, nails, thumb. **CONCLUSIONS:** Significant reduction of nosocomial infections may and must be reached, to which accurate theoretical and practical education of the students is required, and the requirement has to be monitored continuously and strictly.

**PIN100**

**DEVELOPMENT OF A SURVEY TO QUANTIFY PARENTS’ PREFERENCES FOR VACCINATING CHILDREN AGAINST ROTAVIRUS**

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**OBJECTIVES:** To identify the predictors for resource utilization, and a two-part multivariable analysis model was used to investigate the frequency and the regularity of patients’ deliveries on retail pharmacies for 18 months follow-up period between June 2012 and November 2013. Incident patients with no anti-HBV drug deliveries within the last 3 months were included in the cohort. For the follow-up period, patients with no anti-HBV deliveries in a retail pharmacy within 3 consecutive months were considered having stopped their treatment which can lead to an overestimation due to the double dispensing system of these drugs in France. Study investigated patients’ demographic characteristics, persistence rates, medication possession ratio (MPR) and proportion of days covered (PDC) according to initial molecule. **RESULTS:** 793 patients (median age 50 years old) initiating treatment for chronic HBV and not applied for a public grant (65% were excluded); for the follow-up period, 5% of patients switched HBV treatment; 32% of patients stopped their treatment for the follow-up period. Patients who consistently took their treatment had MPR as SMV was 100% and 103% at 6 and 12 months while PDC values are 82% and 78%. No differences stood out among the different treatments, especially between Tenofovir and Entecavir (the two often prescribed HBV drugs). Moreover older patients tend to be more compliant than the youngest one. **CONCLUSIONS:** By using the IMS Lifelink longitudinal database this study highlights the fact that one third of patients treated with anti-HBV treatment stopped it within 18 months while these drugs are well tolerated. Therefore physicians’ challenge consists consequently in motivating patients to continue their treatment even they feel asymptomatic.