four, cost-effectiveness in two, cost-benefit in one, cost-utilty in one and general cost in one. All studies demonstrated satisfactory economic results. Even OWI to inpatient care however fragile methodology was observed in the majority of study. CONCLUSIONS: in this review OWI was a strategy that saved resources with favorable outcome in terms of related infection and complications.

PIN41 COST ANALYSIS OF THE CHRONIC HCV-RELATED CIRRHOSIS IN BULGARIA Damir I Pasic, Devina K, Koleva S, Georgieva T, Marinov A1
1Medical University-Sofia, Faculty of Pharmacy, Sofia, Bulgaria. 2Medical University Sofia, Faculty of Pharmacy, Sofia, Bulgaria. 3University Hospital Queen Joanna-ISUL, Sofia, Bulgaria
OBJECTIVES: HCV infection is a leading cause of chronic liver disease with long-term complications - extensive fibrosis, cirrhosis and hepatocellular carcinoma. The objective of this study is to perform an analysis of the cost of therapy of patients with chronic HCV - related cirrhosis in Bulgaria. METHODS: It is a combined prospective and retrospective observational study of 151 patients with chronic HCV infection and cirrhosis monitored in the University Hospital Queen Joanna-ISUL for 3-year period (2012-2014). Data on demographic, clinical characteristics and healthcare resources utilization (hospitalizations, highly-specialized interventions, outpatient visits, medications) were collected. We found that the 10% of the patients with the highest resource use accounted for 50% of the total hospitalization cost of the studied patients. All resources used were itemized and a point estimate of the price was calculated. Statistical processing was through descriptive statistics and Chi-squared test. RESULTS: 76% of patients were male. 93% were diagnosed in grade A and B according to Child-Pugh classification. 97% reported complications, and almost all died within 5 years. The median cost of therapy in the studied cohort was 847 Euro (€756;€1,014) for 3 years period with average length of stay 17 days. The mortality rate of 7% was extremely high. The total direct medical costs for the observed cohort of patients for 3-year period accounted for 1.2 million BGN (0.6 million EURO) and average cost per patient per year is 1343 BGN (671 Euro). The proportion of cost paid by the NIH in 2/3 to 1/3 for the hospital and the patients. A statistically significant correlation between the follow-up, number of hospitalizations and the Child-Pugh stage was found. CONCLUSIONS: HCV-related cirrhosis is resource demanding and implicit high direct medical costs as it is related with lots of hospitalizations and leads to complications acquiring additional treatment.

PIN42 THE COST OF TREATING RECURRENT CLOSTRIDIUM DIFFICILE INFECTION IN PATIENTS ATTENDING INFECTIOUS DISEASE CLINICS AT FOUR HOSPITALS IN SWEDEN Jensen AV1, Fraenkel C2, Akesson P3, Noren T3, Rundlof Nygren P4, Lennebrott D4, Hagberg L5
1Stockholm, Sweden, 2Skåne University Hospital, Lund, Sweden, 3Örebro University Hospital, Örebro, Sweden, 4Uppsala University Hospital, Uppsala, Sweden, 5Sahlgrenska University Hospital, Gothenburg, Sweden
OBJECTIVES: The aim of this study was to investigate the cost of treating recurrent Clostridium difficile infection in patients attending infectious disease clinics at 4 hospitals in Sweden. METHODS: Following approval by the Central Ethical Review Board in Stockholm patient records of 120 patients were used to record the resources used to treat the latest recurrent infection. Recurrence was defined as a new toxin-positive Clostridium difficile infection within 12 weeks of the previous Clostridium difficile infection. The sample included 47 patients not hospitalized and 73 hospitalized patients. All resources used were itemized and a point estimate of the price was calculated. Statistical processing was through descriptive statistics and Chi-squared test. RESULTS: 76% of patients were male. 93% were diagnosed in grade A and B according to Child-Pugh classification. 97% reported complications, and almost all died within 5 years. The median cost of therapy in the studied cohort was 847 Euro (€756;€1,014) for 3 years period with average length of stay 17 days. The mortality rate of 7% was extremely high. The total direct medical costs for the observed cohort of patients for 3-year period accounted for 1.2 million BGN (0.6 million EURO) and average cost per patient per year is 1343 BGN (671 Euro). The proportion of cost paid by the NIH in 2/3 to 1/3 for the hospital and the patients. A statistically significant correlation between the follow-up, number of hospitalizations and the Child-Pugh stage was found. CONCLUSIONS: HCV-related cirrhosis is resource demanding and implicit high direct medical costs as it is related with lots of hospitalizations and leads to complications acquiring additional treatment.

PIN43 THE DEVIL IS NOT SO BLACK AS HE IS PAINTED – THE FUTURE OF IMMUNIZATION IN POLAND Borowiec MB, Garbacz M1, Borowiec M2, Zapałka A3, Wespić KF4, Trzonczyńska D5, Ksiazek A6, Vellinghen L1, Van Vlaenderen I3, Schecroun N4
1IHEU, Vienna, Austria. 2Uppsala University, Uppsala, Sweden. 3University Hospital “Queen Joanna-ISUL, Sofia, Bulgaria. 4Uppsala University Hospital, Uppsala, Sweden. 5Sahlgrenska University Hospital, Gothenburg, Sweden
OBJECTIVES: Concerns about the burden of meningococcal and pneumococcal disease in 0-5 years old children in Poland, we aimed at determining which vaccine(s) to prioritize for a Universal Mass Vaccination (UMV) program to reduce the economic burden of vaccine-preventable diseases. METHODS: A static cohort model (Knerer et al. 2012) has been adapted for Poland using local serotype distribution, disease incidence and direct medical costs. RESULTS: Pneumococcal vaccine on its own can achieve the targeted 15% reduction in disease burden at the lowest vaccination budget. Vaccine against pneumococcal disease should therefore be prioritized in a UMV program in Poland.

PIN44 PHARMACOECONOMIC EVALUATION OF THE INTRODUCTION OF ROUTINE VARICELLA VACCINATION IN CHILDREN IN THE UNITED KINGDOM Holl K1, Hunjan M1, Saoubin C2
1GSK Vaccines, Wavre, Belgium, 2GSK UK, Uxbridge, UK
OBJECTIVES: Varicella is a common childhood disease caused by varicella-zoster virus (VZV). Annually it affects around 651,000 individuals with 42% consulting general practitioners and 0.5% being hospitalized with recent trend of increase in the United Kingdom (UK). This poses significant public health concern due to high infection rates and associated economic burden. In countries with routine varicella vaccination significant reduction in varicella burden was observed. This study assesses the cost-effectiveness of introducing varicella vaccination as an addition to the current childhood immunization schedule of mumps, measles and tuberculosis (MMT) in the UK. An age-stratified transmission model was fitted to VZV seroprevalence in the non-vaccinated population in the UK. The model simulated the evolution of varicella and herpes zoster with and without vaccination with a lifetime horizon. The vaccination strategy considered coverage and age at dose 1 (90%;1year) and 2 (80%;3years), and catch up at 12 years with 20% coverage. Costs and effects are discounted at 3.5%. RESULTS: The incremental Cost Effectiveness Ratio (ICER) at 5 and 15 years post implementation of vaccination was £6,012(95%CI:−370;13,221)/Quality-Adjusted Life-Year (QALY) and £6,431(95%CI:337;13,188)/QALY, respectively. There was significant savings for outpatient and hospitalization costs: £22,274,735 and £8,287 (95%CI:−13,250;49,807; £101,470;13,311; £4,141;1€), respectively. Varicella cases avoided following 5 and 15 years post implementation of vaccination were 399,604 (57.7%) and 655,232 (94.8%), respectively. CONCLUSIONS: Implementing varicella vaccination in the UK will reduce the disease burden both in terms of varicella cases and associated costs, and is likely to be cost-effective. However, high vaccination coverage is required to achieve high impact of vaccination. Depending on the evolution of the UK vaccination schedule, vaccination with either monovalent varicella or varicella and zoster vaccine could be a suitable option for implementation of varicella vaccination as part of a national immunization program.

PIN45 THE PUBLIC HEALTH IMPACT AND COST-EFFECTIVENESS OF PNEUMOCOCCAL CONJUGATE VACCINATION IN ESTONIA Poiss Siir A, Voakus I, Van de Velde M
1GSK Nordic, Vihula, Lithuania, 2GSK Estonia, Tallinn, Estonia, 3GSK Vaccines, Wavre, Belgium
OBJECTIVES: Estonia is now considering adding a pneumococcal conjugate vaccine (PCV) to the country’s national immunization program to help reduce the burden of invasive pneumococcal diseases, pneumonia and acute otitis media (AOM). In this cost-effectiveness analysis (CEA), we estimate the vaccine price under which vaccinating with the pneumococcal conjugate vaccine would be highly cost-effective. RESULTS: The incidence of pneumococcal meningitis, pneumonia and otitis media is high in Estonia (2014), the program would then be considered highly cost-effective (discounted incremental cost-effectiveness ratio (ICER) < 1 GDP/capita) if the vaccine price is below €26.68/dose (US$30.38) and €74.08/dose for 1 and 3 doses, respectively. Reducing base case net herd protection by half, discounting at 3% and accounting only for direct medical costs would result in highly cost-effective thresholds of €21.47, €56.20 and €25.63/dose, respectively. CONCLUSIONS: Our model predicts that PCV vaccination would be highly cost-effective under €26.68/dose and €74.08/dose until €74.08/dose in Estonia.