67 clinical records were analyzed. The average cost per CHKV children patient was US$117.5 (US$76.9 in equal or older than 1 year old, and US$175.7 in under one year old). The average length of stay was 2.7 days per patient. More prescribed drugs were oral rehydration salts and acetaminophen. The more requested labs were hematocrit (13.8%) and protein C reactive (7.5%).

**CONCLUSIONS:** Despite CHKV infection disease was not a major cause of a huge increase in the cost of medical services and it associated cost in Colombia. Cost per case in children is high, and probably would be similar or higher in adult population.

**PHS45**

**DIRECT COST OF HYPOTHYROIDISM AND ITS COMPLICATIONS IN UKRAINE**

**Method:** To determine the direct cost of health care technologies used for treatment of hypothyroidism in Ukraine. **Methods:** We made the retrospective analysis of 81 patients with hypothyroidism and hyperthyroidism that were hospitalized to the endocrinology department of Ternopil University Hospital (Jan-Dec 2012). The method of pharmacoeconomic analysis “cost of illness” was used to estimate the cost of health care for patients with hypothyroidism. We have made calculations of the cost of medical services that were in Ternopil University Hospital.

**RESULTS:** The study found that among the patients there were 23 (28.4%) men and 58 (71.6%) women aged 19 to 77 years (46.86±10.03). All patients have got to the hospital in stage of medication subcompensation. The average duration of stay in hospital for patients was 10.7±3.95 days. The total cost of laboratory tests was USD 4,231.95. The costs of instrumental methods of patients examination amounted USD 576.90. The cost of consultations by specialists was USD 769.36. In determining the amount of direct costs for medical services we found that the cost of treatment of the underlying disease was USD 52.40, the cost of drug therapy of hypothyroidism complications was USD 1,392.21.

**CONCLUSIONS:** In the cost structure of health care provision for patients with hypothyroidism the most significant costs were spent for laboratory tests and for patient’s stay in hospital. While determining the direct costs of medical services in monetary terms we used the rates for medical services that were in Ternopil University Hospital.

**PHS46**

**CLINICAL AND ECONOMIC IMPACT OF THE INTRODUCTION OF THE VACCINE AGAINST Meningococcal MENINGITIS C IN CHILDREN AGED 0-4 YEARS IN BRAZIL**

**Method:** The analysis was developed for the period of 2009 to 2013. We considered the actual number of cases of the disease registered in the National System of Information and death from meningitis C obtained from the Mortality Information System of Brazil. The estimates of long-term sequelae (amputation, skin scarring, renal failure, neurological sequelae and deafness) and of the costs due to sequelae, disease and vaccination. **RESULTS:** From 2009 to 2013, a decrease in the number of cases (453, 563, 399 and 300, respectively) and in the deaths due to meningococcal meningitis (134, 111, 68, 61 and 47, respectively) was observed. There was also a reduction in the costs related with disease management ($5,732,334, $8,181,486, $3,753,418 and $3,521,090, respectively) and in the costs due to sequelae, disease and vaccination ($342,551.14, $336,322.94, $308,296.02, $210,513.24 and $157,573.52, respectively). The three doses of the vaccine for children in their first year of life cost to public treasury ($52,000, $270,863,108.24, $266,932,427.42, $263,150,498.68 and $259,515,275.33, respectively). Therefore, the estimated cost of the vaccine in the evaluated years was $1,915,183.42, $272,696,190.85, $268,536,156.97, $264,278,380.76 and $260,362,599.85.

**CONCLUSIONS:** After the introduction of meningococcal meningitis C vaccine implementation in SUS (Unique Health System - Sistema Único de Saúde in Portuguese) – the national public health system in Brazil – in infants in their first year of life generated reduction of incidence, mortality and sequelae due to the disease, decreasing, over the years, the cost due to the disease and to its sequelae, although adding cost with the vaccination.

**PHS47**

**PATIENT RECALL FOLLOWING BREAST CANCER SCREENING MAMMOGRAPHY AMONG MEDICAID PATIENTS BY PATIENT RACE**

**Method:** The Truven Health MarketScan Medicaid Multi-State Database was used to identify female employees aged 40-65 years undergoing screening mammography (index event) in 2010-2012. Women were required to have 12 months pre- and 6 months post-index continuous enrollment and were excluded if they had mammogram may significantly reduce Medicaid costs as approximately one-in-six women undergo mammography each year. **RESULTS:** Of the 339,912 women who met the study criteria, 47,321 (13.4%) underwent additional diagnostic imaging within 6 months post-index with an average direct medical cost to employers of $1,279 per patient recalled. Nearly one-fourth (23.4%) of recall costs was attributable to additional imaging (diagnostic mammographic or ultrasound), 40% was attributable to guided biopsy and 28% attributable to open biopsy. One-fifth (21.9%) of recalled patients had at least two days recall-related procedures while 4.2% had at least three recall event days. **CONCLUSIONS:** Recall following traditional mammography represents a significant cost burden to employers with nearly one-in-six female employees with a new screening mammmogram undergoing associated diagnostic procedures and associated diagnostic procedure costs in the 6 months post-index, excluding patient payments and breast cancer treatment costs. Absenteeism costs were calculated using a wage constant ($38/hour).

**PHS48**

**DIRECT AND INDIRECT COSTS TO EMPLOYERS OF RECALL FOLLOWING SCREENING MAMMOGRAPHY AMONG FEMALE EMPLOYEES IN THE US**

**Method:** Current cost studies describing people with epilepsy do not segment the populations by seizure type. This paper produces an economic model of people experiencing seizures. Including individuals with epilepsy, broken into novel categories useful in assessing the potential effect of future interventions. **RESULTS:** Three-year’s worth of administrative claims data from Millman’s commercially-insured research database (n=16,8 million 2012) was grouped into benefit service cost categories. Individuals experiencing seizures were extracted whose coverage included prescription drugs and whose medical claims contained the following ICD-9CM diagnosis codes: 345.00, 345.01, 345.10, 345.11, 345.2, 345.3, 345.40, 345.41, 345.50, 345.51 and 780.33. Individuals were grouped into three novel categories: Motor Seizures (345.10, 345.11, 345.3, 345.40, 345.41), Post Traumatic Seizures (780.33) and Non-Motor Seizures (345.00, 345.01, 345.2, 345.40, 345.50, 345.51 and 780.33). **RESULTS:** Individuals experiencing seizures represented 0.4% of the population and accounted for 1.8% of allowed claims dollars. The odds of being admitted to the hospital for the Motor and Non-Motor Seizure groups were 5.5 and 4 times higher, respectively, with a 2-day longer average length of stay and total allowed claims dollars were 5 and 4.2 times higher, respectively, than the standard population. The odds of being admitted for the Post Traumatic group was 9 times higher with an average length of stay almost 4 days longer and total allowed claims dollars were 6 times higher than the standard population. Other cost and utilization measures produced similar results. **CONCLUSIONS:** Individuals experiencing seizures are expensive when compared to the standard population. The excess utilization is manageable with current evidence-based practice, however the model suggests new ways to manage patients with epilepsy, target interventions and measure the success of those interventions.

**PHS50**

**EVALUATING THE COST OF PNEUMOCOCCAL VACCINE IN THE GOLD COAST, AUSTRALIA**

**Method:** University of the Philippines Manila, Manila, Philippines. **OBJECTIVE:** This study aimed to estimate the national indirect healthcare cost of pneumonia in the Philippines. **RESULTS:** A total of 20,238 women undergoing a new screening mammogram met the study selection criteria, of which 3,152 (15.3%) underwent additional diagnostic imaging in the 6 months post-index. White women were 1.12 times more likely to be recalled than African-American women (p<0.001). Average costs per recalled patient were $583 among white women and $804 among African-American women. Overall, 28.6% of costs were from additional imaging (diagnostic mammography and/or ultrasound 39.2% were from guided biopsy procedures, and 24.4% from open biopsy. Recall-related office visits, MRI, fine needle aspiration, and ductogram accounted for <5% of recall costs. Individual recall procedure rates were substantially similar by race, however African-American recalled patients but African-American women had higher per-patient imaging costs and lower per-patient open biopsy costs. **CONCLUSIONS:** Improving breast cancer screening with a more accurate mammogram may significantly reduce Medicaid costs as approximately one-in-six women undergoing mammography each year.