patients. **METHODS:** A SLR identified randomised controlled trials (RCTs) of TDF/FTC or ABC/3TC plus third agents grouped by class (protease inhibitors [PI], non-nucleoside reverse transcriptase inhibitors [NNRTI] and integrase strand transfer inhibitors [INSTI]) in HIV-1 infection. MEDLINE, EMBASE and the Cochrane Library were searched in March 2014. Bayesian NMAs of RCTs in were run for virologic response (VR) and all-cause discontinuation at Week 48 (Wk48) and 96 (Wk96). Inconsistency and the effect of baseline characteristics were also assessed using unrelated mean-effects models and meta-regression, respectively. **RESULTS:** Of 1,093 citations retrieved, 243 citations were included in the SLR, reporting 18 RCTs that informed at least one network. In the NMA, fixed-effect models represented a better fit for VR data, whereas random-effects models fitted the all-cause discontinuation data best. With NNRTIs, TDF/FTC was associated with significantly higher odds of VR than ABC/3TC at Wk48 (OR 1.32 [95%CrI 1.05, 1.65]) and Wk96 (OR 1.29 [95%CrI 1.03, 1.61]). With INSTIs, TDF/FTC had a significantly higher odds of VR at Wk96 compared with ABC/3TC (OR 1.46 [95%CrI 1.04, 2.04]). No statistically significant differences in VR were found between the backbones with PIs. No statistically significant differences in all-cause discontinuation at Wk48 or Wk96 were observed between the backbones with any class of third agent. Networks showed little inconsistency, and baseline characteristics did not have any significant effect on results. **CONCLUSIONS:** TDF/FTC was associated with statistically significant VR benefits compared with ABC/3TC with NNRTIs at both Wk48 and Wk96 and with INSTIs at Wk96, and no statistically significant effect was seen with respect to all-cause discontinuation.

PIN13

META-ANALYSIS OF MORTALITY IN ADULTS, NEWBORNS AND OLDER CHILDREN WITH BACTERIAL INFECTIONS AND SEPSIS WHEN TREATED BY IGM-ENRICHED INTRAVENOUS IMMUNOGLOBULINS AND STANDARD SCHEMES

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OBJECTIVES: There is no consistent evidence of clinical efficacy of IgM-enriched intravenous immunoglobulin (IgM) for reducing mortality in adults, newborns and older children with bacterial infections and sepsis. The aim of the study was to update evidence by considering recent clinical trials and analyzing age populations and comparators separately. **METHODS:** We searched publications in PubMed and the Cochrane Library in December 2014. All-cause mortality was analyzed, and systematic review using meta-analysis and indirect comparison was carried out. **RESULTS:** Five meta-analyses and 18 RCTs were considered, including 12 trials studied the effect of IgM in adults, 5 in newborns, and one in children 1-24 months old. All interventions were applied with basic therapy (BT). No difference between IgM and albumin was found for adults. However we found significant efficacy of IgM in adults when compared with all comparators, RR 0.69 [0.56; 0.84], and BT, RR 0.52 [0.39; 0.69]. In newborns mortality is lower in IgM than in all comparators groups, RR 0.47 [0.29; 0.76], and in BT with or without placebo, RR 0.50 [0.30; 0.84]. Children under 24 months receiving IgM also had lower mortality than in all comparators group, RR 0.48 [0.34; 0.68]. Indirect comparison of IgM and IgG in adults showed no differences, in newborns the difference is in favor of IgM, RR 0.47 [0.29; 0.77]. **CONCLUSIONS:** IgM is effective in reducing all-cause mortality in adults with bacterial infection or sepsis in comparison with BT; also in newborns in comparison with any comparators (BT with or without placebo, albumin, IgG), in children under 24 months in comparison to BT with or without albumin. Further head-to-head clinical trials are needed to enhance evidence.

PIN14

HIGH THERAPEUTIC EFFICIENCY WITH LEDIPASVIR/SOFOSBUVIR FOR THE TREATMENT OF GENOTYPE 1 CHRONIC HEPATITIS C IN PORTUGAL

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OBJECTIVES: Chronic hepatitis C (CHC) is a major public health problem affecting 1.5% of the Portuguese population and reducing life expectancy by 20 years. The most recent international guidelines recommend the utilization of sofosbuvir (SOF) as backbone for the treatment of CHC patients. The association of ledipasvir (LDV) to SOF enhances SOF efficacy and safety, especially in patients infected with genotype-1 hepatitis C virus. Additionally, it allows the treatment of CHC patients without using pegylated interferon-α (PegIFN) and ribavirin (RBV). The objective of this study was to estimate LDV/SOF's contribution to the Portuguese public health by exhausting CHC therapeutic efficiency. **METHODS:** Therapeutic efficiency was defined as maximum capacity to benefit from treatment in terms of life years (LY) relative to the general population's life expectancy. The natural history of CHC and treatment implication was modelled with a Markov model allowing for long-term assessment in terms of HCV fibrosis progression. Comparators used were SOF+PegIFN+RBV, SOF+RBV, boceprevir+PegIFN+RBV and PegIFN+RBV, taking into consideration the therapeutic options currently financed by the Portuguese National Health System, the recommendation of SOF as the standard of care and the coincidence between therapeutic indications. **RESULTS:** In HCV genotype-1 non-cirrhotic patients, LDV/SOF treatment is estimated to result in 0.21 LY, 1.5 LY or 1.44-2.90 LY gained in comparison to SOF+PegIFN+RBV, SOF+RBV or the options financed by the Portuguese NHS, respectively; for patients with cirrhosis, these values are 1.20 LY, 4.08 LY or 1.33-4.67 LY, respectively. In patients infected with HCV genotype-1, LDV/SOF is expected to enhance life expectancy, with therapeutic efficiency ranging from 86.2% to 98.4%. **CONCLUSIONS:** LDV/SOF regimens are associated with high therapeutic efficiency, and are expected to maximize the years of life of the Portuguese genotype-1 HCV patients.

PIN15

MODELING OF USING RILPIVIRINE/ TENOFOVIR/ EMTRICITABINE IN TREATMENT OF NAÏVE HIV-1 INFECTED PATIENS

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OBJECTIVES: To estimate long-term clinical outcomes of using rilpivirine/tenofovir/emtricitabine (single tablet regimen) in treatment of naïve patients with HIV-1 RNA<100 000 copies/ml in the Russian Federation. **METHODS:** The mathematical model was developed in Microsoft Office 2013. The time horizon was 5 years. The model included two submodels: Markov's model and tree-decision model. The following outcome measures were used in present study: Number of deaths, Years of life lost, Number of hospitalizations. All calculations were based on results of published clinical, epidemiological and social researches. Data for patients with HIV was obtained from prior epidemiological studies that had been provided in the Russian Federation. **RESULTS:** The number of deaths on rilpivirine/tenofovir/emtricitabine scheme (single tablet regimen) was 12% and 15% less, the number of YLL was 9% and 12% less and Number of hospitalizations was 19,91% and 19,88% less than on the schemes efavirenz + tenofovir/ emtricitabin (multi-pill regimen) and lopinavir + tenofovir/ emtricitabin (multi-pill regimen), respectively. **CONCLUSIONS:** Results obtained with present model showed that treatment naïve patients with HIV-1 RNA<100 000 copies/ml using rilpivirine/tenofovir/emtricitabine scheme (single tablet regimen) can be associated with better long-term outcomes compared to alternative multi-pill schemes.

PIN16

INDIRECT COMPARISON FOR E/C/F/TAF IN TREATMENT NAÏVE HIV PATIENTS

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OBJECTIVES: E/C/F/TAF is the combination of Elvitegravir/Cobicistat/Emtricitabine with Tenofovir Alafenamide, a new prodrug of tenofovir with a better biodisponibility and safety profile than Tenofovir Disoproxil Fumarate (TDF) . We used adjusted indirect comparison to estimate the relative efficacy of E/C/F/TAF versus HAART based on raltegravir (RAL) or dolutegravir (DTG) in treatment-naïve HIV-1 infected patients that was not directly studied in head-to-head randomized controlled trials. **METHODS:** A systematic review of published literature was conducted to identify phase 3 randomized controlled clinical trials (up to February 2015) including at least one third agent of interest. Network adjusted indirect comparison was used to evaluate week 48 relative effectiveness (HIV-RNA suppression to 50 copies/mL) after checking for homogeneity and absence of interaction between baseline characteristics and efficacy. Analyses based on secondary networks were performed to assess validity. A ten percent margin was used for non-inferiority. **RESULTS:** Twelve studies were included in the network. Baseline patient's characteristics were slightly different between studies published before and after 2011 due to changes in 2011 in treatment initiation guidelines. No significant interactions were observed in the studies between baseline characteristics and week 48 virologic suppression. E/C/F/TAF was associated with a non-significant different rate for week 48 virologic suppression compared to DTG + ABC/3TC or RAL + TDF/FTC (Relative Risk = 0.98 (0.89 - 1.07) and 1.01 (0.92 - 1.12) respectively). Using secondary networks yielded similar results. **CONCLUSIONS:** This indirect comparison suggests that with ten percent non-inferiority margin E/C/F/TAF has a similar efficacy then DTG or RAL based HAART.

PIN17

PUBLIC HEALTH AND ECONOMIC IMPACT OF A QUADRIVALENT INFLUENZA VACCINE IN COMPARISON TO THE TRIVALENT INFLUENZA VACCINE IN BRAZIL OVER THE PERIOD OF 2010 – 2013

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OBJECTIVES: Trivalent influenza vaccine (TIV), which contains two strains of influenza A and one strain of influenza B is recommended by the Brazilian government to prevent influenza. However, co-circulation of two distinct B lineages and difficulties in predicting which lineage will predominate in the next season led to the development of quadrivalent influenza vaccine (QIV). The aim of the study was to estimate the public health (epidemiological) and economic impact of the QIV over four influenza seasons (2010 to 2013) in the Brazilian population in comparison with TIV. **METHODS:** A static model published by Reed et al. in 2012 was adapted to Brazil and stratified by age group. The model retrospectively calculated impact using vaccine effectiveness and coverage, illness incidence, morbidity, mortality and costs related to influenza from the Public Healthcare System and Society perspectives. Vaccine effectiveness by strain and by age in the Brazilian population is not available; therefore we used vaccine effectiveness from Clements et al., which takes into account some B-lineage cross-protection. Epidemiological and resource use data were obtained from the Brazilian public system database (DATASUS) and regional studies. Costs were expressed in 2015 Brazilian Real, vaccine cost was not considered and exchange rate used was $1.00USD=3.14BRL. **RESULTS:** The use of QIV vaccination instead of TIV in the years from 2010 to 2013 would have avoided a total of additional 654,018 cases, 323,336 consultations, 7,536 hospitalizations and 1,122 deaths due to influenza. In 2013, year with high B circulation and high mismatch, considering a public payer and societal perspective, respectively, QIV vaccination could have avoided additional influenza costs estimated at BRL 11 million and 62 million (USD 3.5 million and 20 million). **CONCLUSIONS:** Vaccination with QIV for the Brazilian population is expected to result in public health benefit and less resource use when compared to TIV.

PIN18

EPIDEMIOLOGY OF HEPATITIS C PATIENTS IN ITALIAN 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 databases (containing data from pharmacy registries, hospital discharges, outpatient 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 1st, 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 of the study period, date of death, or exiting the database **RESULTS:** Overall, 228,157 health-assisted individuals living in the first analysed LHU (Central Italy) were considered as the starting population in the study; amongst them, 0.4% patients with HCV were enrolled, 56% male, age 58±16 years. The most prevalent genotypes were 1 (51±2%), 2 (24±2%), 3 (19±2%) and 4 (5±1%); other genotypes had a rate lower than 5%. In terms of co-infections, 6% patients were affected by HIV, 3% by HBV, 2% HCV+HBV+HIV, 26% had cirrhosis and 4% HCC. 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 14% in treated patients), females (46%, vs 40%), under ongoing substance/alcohol abuse (7% vs 4%). Moreover, 30% of untreated patients had cirrhosis and 5% HCC. Results from other LHUs will be available at ISPOR-EU **CONCLUSIONS:** This observational study showed that 70% of enrolled HCV patients has genotype 1 and 3, and only a small proportion of patients with HCV received antiviral therapy. Future analyses should investigate relationships between patients' characteristics, therapeutic choices and outcomes

PIN19

EPIDEMIOLOGICAL DATA USED IN ROTAVIRUS VACCINATION COST-EFFECTIVENESS ANALYSIS IN EUROPE: 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 rotavirus vaccination since 2006 and their results largely vary. An update of a literature view was conducted aiming to assess whether differences in the epidemiological data used in European evaluations could explain the differences in the results obtained. **METHODS:** A literature review was conducted to retrieve articles reporting the cost-effectiveness of rotavirus vaccination in Europe based on criteria used in a previously published review (limited to 2001-2011 studies, this update extended the search to May 2015), focusing on epidemiological data. The following annual incidence RVGE-related data were extracted from the retrieved articles and grouped by countries: community-acquired hospitalisation (CAH), emergency department (ED) visits, outpatient visits (including general practitioner or paediatrician) and RVGE events (including no medical visits). Variations within countries were also calculated as the ratio between the maximum and minimum value. **RESULTS:** 32 publications (24 manuscripts and 8 conference abstracts) from 13 European countries were retrieved. The European average (minimum and maximum reported value) annual rates were CAH 0.57% (0.09% Portugal; 1.43% Albania), ED visits 1.13% (0.22% Portugal; 2.40% France), outpatient visits 3.11% (0.56% Netherlands; 7.17% Romania) and RVGE events 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 except for United Kingdom (1.93) and Germany (2.50). For ED visit rates the largest variability was observed in France (3.16). **CONCLUSIONS:** The RGVE disease burden used as input in economic evaluation varies among the studies in the same country and across Europe. This may explain the difference in the cost-effective results reported.

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 worst ever in 2014 had high case, death incidence and yet does not routinely audit these deaths. Auditing the deaths would improve healthcare quality delivered to clients This study aimed at developing standardized Cholera Death audit tool, describe the deaths and identify prevalent factors that contributed to deaths. **METHODS:** Standardized cholera death audit tool was developed. Census of cholera deaths from June – December 2014 in Greater Accra Region made. Medical records, surveillance data of deaths from treatment centers reviewed with the developed audit tool. Data abstracted included socio-demographic, clinical, patient monitoring. Data managed in Epi info7. Descriptive, bivariate analysis made and Prevalent Odds Ratio (95% Confidence Interval) determined to identify prevalent factors associated with deaths. **RESULTS:** The region documented 20,199 (Attack rate 432 per 100,000 populations) cholera cases with 121 deaths (CFR 0.60%). La Nkwantanang-Madina and Ladade Kotopon were most affected with Attack rates above 600 per 100,000 populations. Ada East, Ashaiman and LEKMA had case fatalities above 0.9%. Ages ranged 1–82 years, mean 41.0 ±17, median 39.0, mode 24.0 years. Males constituted 65.7% and 90.9% did not have health insurance. Duration of home stay ranged 0-5days. Nineteen percent were dead on arrival and 20.2% within 4hours of arrival. Fifty one percent severely dehydrated with Systolic BP ranged 0.0–160.0mmHg, median 90.0mmHg. Diastolic BP ranged 0.0-110.0 mmHg, median 60.0mmHg. Total fluids given ranged 0.0–13.9 L, median 5.2 L. Only 1.4% had fluid output monitored. Lacking health insurance (**POR**=2.52, **CI**0.48-13.25), being referred (**POR**=0.05, **CI**0.01-0.21), male (**POR**=0.82, **CI**0.32-2.16), single (**POR**=0.80, **CI**0.26-2.46) were associated with late hospital presentation **CONCLUSIONS:** Instituting routine cholera death audits in Ghana is crucial to reducing case fatality as late presentation, inadequacy of assessment, rehydration, monitoring and lack of Health Insurance were main prevalent factors among deaths in the outbreak.

PIN21

AGE RELATED CONSULTATION RATES OF CLINICALLY-DIAGNOSED INFLUENZA AND ACUTE RESPIRATORY ILLNESSES OBSERVED THROUGH A NETWORK OF GP PRACTICES ACROSS ENGLAND

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OBJECTIVES: Influenza infection can be recorded under number of respiratory diagnoses when patients visit a GP. In addition, the incidence of influenza and respiratory infections are known to be highest in younger and elderly age groups. Our objective was to describe the consultation rates for eight respiratory diagnoses across four influenza seasons as observed through GP consultations in England. **METHODS:** Data were obtained on 775,000 respiratory related GP consultations, across four influenza seasons (2010-2014) from the Clinical Practitioners Research Datalink. Eligible patients were registered and had 12 months history with a practice at the start of the season. An influenza season was defined as 1 September through to 13 April of the following year. Practice-level consultation rates for each outcome were determined by age (seven groups were defined) and season. A Poisson mixed effect model was fitted to analyse age effect with inter-practice and inter-season as random effects. 18 to 65 age group was the reference population. **RESULTS:** Across all outcomes, consultation rates for influenza or respiratory illness were highest amongst young children, with highest rates observed for the 0 to <2 age group, followed by the 2 to <4 age group. Focussing on individual diagnoses recorded during GP consultations, younger children were particularly at risk for upper respiratory tract infection and otitis media. Patients over 65 were found to be more at risk for pneumonia and lower respiratory tract infection. Inter-practice variation in diagnoses rates was dominating inter-season variations for most influenza-related diagnoses. Biggest seasonal impact was on consultations for influenza-like-illness, which were particularly high during the 2010-2011 season, likely due to the H1N1 epidemic. **CONCLUSIONS:** Our findings confirmed that children and the over 65 population are most at risk of influenza and respiratory illness, and that incidence can reliably be evaluated through analysis of GP consultation rates.

INFECTION – Cost Studies

PIN22

HEALTH ECONOMIC IMPACT OF 13-VALENT PNEUMOCOCCAL CONJUGATE VACCINE IN FINNISH HOME CARE CUSTOMERS ≥50 YEARS WITH UNDERLYING CHRONIC MEDICAL CONDITIONS

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OBJECTIVES: Hospital-treated pneumonias (HTP) are associated with substantial individual and societal burden in adults (≥50 years) and elderly. Moreover, adults e.g. with vascular, metabolic or respiratory diseases have a 3-6 times higher risk of HTP when compared with their healthy controls. Persons at risk are likely to benefit most from pneumococcal vaccinations. The 13-valent pneumococcal conjugate vaccine (PCV13) has showed to prevent community-acquired pneumonia and invasive pneumococcal disease in adults. The objective of this study was to estimate the expected 5-year health economic impact of targeted PCV13 compared with no vaccination in Finnish home care customers. **METHODS:** A budget impact model was developed to predict the impact of PCV13 vaccination in terms of costs and HTP events 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 registries. The efficacy of PCV13 was estimated based on CAPITA 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 underlying chronic medical conditions. Vaccination of these people with PCV13 could provide an undiscounted net budget savings of about €49.2 million compared with the current no-vaccination situation over the next 5 years. Among the risk groups considered, the largest absolute undiscounted net savings (€22.3 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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OBJECTIVES: Chronic HCV is a leading cause of hospitalization and death in populations coinfected with HIV in Italy. Sofosbuvir (SOF) is a pan-genotypic drug, which can be used alone or combined with other agents (e.g.Simeprevir,Daclatasvir, Ledipasvir) as oral treatment for HCV, with different price levels. We performed