but these laws are neither universal nor consistent. This study estimates the hospital-wide prevalence, cost, and mortality of CLABSI-associated discharges for all US community hospitals. Hypotheses are that CLABSI prevalence and mortality are increasing. METHODS: Data for the study was extracted from the Medical Quality Indicators Project (MQIP), a national project sponsored by the Agency for Healthcare Research and Quality (AHRQ). The MQIP selects a random sample of discharges from a stratified sample of hospitals in AHRQ’s Healthcare Cost and Utilization Project’s (HCUP) NIS (the HCUP NIS contains discharge-level data from approximately 7 million non-federal community hospitals). Hypotheses are that CLABSI prevalence and mortality are increasing. RESULTS: of 136,925 discharges, 819 (0.61% of total) met the CLABSI definition. CLABSI prevalence was 0.62% among the 136,925 discharges and mortality was 0.068% among the 819 with a CLABSI. CONCLUSIONS: CLABSI prevalence and mortality are increasing.

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THOUGHTS ON THE LABORATORY CULTURES REIMBURSED BY THE SOCIAL SECURITY IN AUSTRIA (OUTPATIENT SECTOR IN PHYSICIANS’ CARE AND INSTITUTES, BUT NOT HOSPITAL OUTPATIENT CARE)

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OBJECTIVES: If a patient shows an infection, the physician has to decide which kind of anti-infective substance has to be prescribed. One method to figure out this is to order laboratory cultures. We want to find out whether there is a correlation of the frequencies of cultures reimbursed and the number of prescriptions of anti-infective agents.

METHODS: Claims data (2006) from physicians in free practice and institutes for laboratory medicine data for laboratory cultures were conducted out of different reimbursement catalogs in Austria. RESULTS: The rate of reimbursed cultures per prescription was 11% (for bacterial cultures and antibacterial medication J01, J04), 63% (for mycotic cultures and antymycotic medication J02), 24% for viral cultures and antiviral medication 0J05) and 25% (for parasitic cultures and antiparasitical medication P01.02.03). If just those infections verified by cultures had caused a prescription for antibacterial agents we estimated that the rate of cultures which were reimbursed out of 100 cultures reimbursed was 17%. If we consider that only all prescribed cultures are reimbursed the rate has been 7.5 times higher. There are price differences for cultures due to various contract partners. If the lowest fee had been paid for each test we would have saved 33% of the current turnover for bacterial, 37% for mycotic, 38% for viral, and 6% for parasitic infections. If the highest price had been paid we would have paid 7% (bacterial), 46% (mycotic), 16% (viral) and 33% (parasitic) more than the current turnover. CONCLUSIONS: Our further research will focus on the different criteria of prescription for anti-infective agents, testing and also the guideline conformity of its use.

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DIRECT MONTHLY HAART SUPPLY AT THE AIDS CENTER—A COST-EFFECTIVE MODE TO INCREASE ADHERENCE AND OUTCOME

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OBJECTIVES: To determine the cost effectiveness of direct monthly supply of HAART (Highly active anti retroviral therapy) medications at the AIDS center.

METHODS: We analyzed 385 HIV patients, mostly (90%) immigrants from Africa. To initiate HAART supply), visits and treatment compliance increased, significantly (p<0.001) with mean CD4 count increasing. As a result of our intervention (two years of direct HAART supply), visits and treatment compliance increased, significantly (p<0.001) with mean CD4 count increasing.

CONCLUSIONS: Direct monthly supply of HAART medications at the HIV center is a very low cost mode which significantly improves patient’s adherence as well as immunological and virological outcome.

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SYSTEMATIC REVIEW OF THE COST-EFFECTIVENESS OF PALIVIZUMAB IN HIGH-RISK PATIENTS

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OBJECTIVES: Palivizumab has been shown to reduce the number of respiratory syncytial virus (VSR) related hospitalizations in preterm infants and patients with bronchopulmonary dysplasia or congenital heart disease. It is widely used but its high price raises concerns about its cost-effectiveness. The aim of this study was to systematically review economic evaluations (EE) of palivizumab in high-risk patients.

METHODS: A comprehensive search for literature on the cost-effectiveness of palivizumab versus no palivizumab was conducted. Bibliographic databases were searched from September 2001 to February 2008. Additional relevant studies were identified from manual searches. Only studies published in English and Spanish were included. Quality was assessed using the Drummond criteria for EE. Two independent reviewers scrutinized retrieved references and assessed the quality of the studies. RESULTS: Twenty-six references were included, representing a total of 32 EE: 20 cost-effectiveness analyses (CEA), 10 cost-utility analyses (CUA) and 2 cost-benefit analyses (CBA). Quality was variable. Populations varied widely with some studies including all high-risk patients and others focusing on specific subgroups. Results were reported as incremental cost-effectiveness ratios in terms of cost per hospitalization prevented, life-year gained or quality-adjusted life-year in all CEA and CUA and as cost-benefit ratios in CBA. Estimates of incremental ratios ranged from cost savings to incremental costs of a high order of magnitude. Assumptions on hospitalization rates in intensive care units, mortality and long-term consequences due to RSV infections, as well as acquisition cost of palivizumab seem to be related with more favourable ratios. A tendency for better results was also observed in studies receiving financial support from the manufacturer.

CONCLUSIONS: A true determination of cost-effectiveness of palivizumab is difficult. However, costs of palivizumab seem to exceed potential cost-saving from reduced admission rates and might only prove to be cost-effective in a small subset of very high risk patients.

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THE ROLE OF ECONOMIC EVALUATION IN THE HEALTH TECHNOLOGY ASSESSMENT (HTA) OF HAVES—LESSONS LEARNED FROM FINLAND

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OBJECTIVES: The aim of economic evaluation (EE) is to provide information to help decision makers maximize health benefits with given resources or advice how to attain sustained health gains at the least cost. We examined the role and weight of EE in the assessment of new vaccines for a certain disease are compared only to no vaccination strategy). Advanced methods and perspectives of national EEs related to rotavirus and pneumococcal conjugate vaccination programs were evaluated. An official call for a rotavirus vaccination tender, competitive bidding process and tender decision-making criteria were explored. RESULTS: EE can have a crucial role when a new vaccine is considered for inclusion in a national vaccination program, which is necessary before a tender call for bids can be given. However, for tenders the pre-dominant decision-making criterion seemed to be cost per vaccine. Results were used in the evaluation reports. However, the literature revealed that setting a threshold may be impractical. Thus, we present an ideal EE process that enables value-based threshold pricing for manufacturers and decisions that can lead to efficiency. CONCLUSIONS: There is a discrepancy between the scientific principles and objectives of EE and real life in terms of national EEs of vaccines and tender calls in Finland. The current practice does not necessarily lead to optimal decisions based on cost-effectiveness. Particularly, multiple comparisons with valid prices should be encouraged.

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MODELING AND SIMULATION OF EPIDEMIOLOGIC EFFECTS OF PENUMOCOCCAL CHILDREN VACCINATION IN AUSTRIA USING CLASSICAL MARKOVIAN METHODS AND DIFFERENTIAL EQUATIONS

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OBJECTIVES: The aim of the current work is to implement a Markovian-model and a Differential Equation Model for simulating the pneumococcal illnesses and estimate the probability of preventing the pneumococcal infections by vaccination of infant’s vaccine serum. Implementing the two models offers the possibility of comparison of both and offers better insights on the influence of non linear effects like herd immunity and serotype replacement. METHODS: To assess the epidemiological influence of pneumococcal infant vaccination using PCV7 in Austria a static Markovian-model and ordinary differential equation (ODE) modeling and simulation techniques are used. The Markovian model approach was classified as state of the art using a systematic literature review, (334 abstracts, 45 papers in detail) Implementing a model for serious diseases (meningitis, septicaemia and bacteremic pneumonia) based on an infection