

(236/296). The total duration of treatment was restricted to 48 hours for 360 of 366 (98%) patients. Global conformity, defined as the combination of the five major criteria, accounted for 52% (201/386) of patients undergoing THR surgery. After multivariate analysis, a statistically significant association was found between the global conformity and the prescribers ($p = 0.03$). The interventions during 1999 (AOR 0.61; 95% CI 0.40–0.92) were associated with a risk of non-conformity. Adherence to guidelines for antibiotic prophylaxis practice was not associated with prescriber's characteristics.

CONCLUSIONS: Although French guidelines were recently published, the appropriateness of antibiotic prophylaxis in THR surgery could still be enhanced especially in terms of the rational choice of a molecule and timing of the first injection.

PIN22

PROPHYLAXIS AGAINST RSV, VARICELLA AND PNEUMOCOCCAL INFECTIONS: ECONOMIC-BASED DECISION-MAKING

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OBJECTIVE: To facilitate evaluation and comparison of cost-effectiveness results for varicella and pneumococcal conjugate vaccination with respiratory syncytial virus (RSV) prophylaxis using palivizumab by standardizing cost and benefit results from published studies.

METHODS: MEDLINE search identified English language cost-effectiveness studies for the three interventions. Prophylaxis recommendations by the American Academy of Pediatrics were examined. Results were discounted by 5% and costs were inflated to 1997 dollars using the Medical Care component of the CPI.

RESULTS: From the societal perspective, the cost per life year saved was \$144,000 for pneumococcal vaccine and \$54,000 for palivizumab RSV prophylaxis, but varicella vaccine saved money. From the payers' perspective, the cost per life year saved was \$278,000 for pneumococcal vaccine, \$55,000 for RSV prophylaxis and \$23,000 for varicella vaccine. Payers' cost to avoid hospitalization for RSV infection was \$13,000. An avoided varicella case cost \$6 and it cost \$2400 to avoid a major varicella sequela, and each case of pneumococcus avoided cost \$103,000.

CONCLUSION: Prevention of avoidable childhood morbidity and mortality may cause incremental costs to payers but would be a rational policy from a societal point of view. Costs associated with RSV prophylaxis of high-risk infants with palivizumab do not appear unreasonable compared with the cost-effectiveness of two recent vaccines recommended for universal use in healthy children in the US.

PIN23

THE FIRST STEP TO GENERATING UTILITY FROM QUALITY OF LIFE: A COMPARISON OF ITEM PREFERENCES AND ITEM SEVERITY

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OBJECTIVE: The Recurrent Genital Herpes Quality of Life questionnaire (RGHQoL) is a needs-based quality of life (QoL) instrument specifically for use with recurrent genital herpes (RGH). It has been shown to have excellent psychometric properties. However, it cannot currently be used in the calculation of utility for economic analyses. Existing utility instruments cover symptoms and functioning, rather than QoL. Concern has been expressed over their relevance for RGH and, consequently, their ability to show differences between interventions. The aim of this project is to explore the potential for using the RGHQoL to produce meaningful utility scores. The first stage was to investigate whether a preference elicitation exercise was required or whether RGHQoL responses could be incorporated directly into utility analyses. This paper presents findings from the first stage.

METHODS: Structured interviews were conducted with 100 RGH patients. Patients undertook preference exercises (paired comparison and ranking) with six RGHQoL items and completed the RGHQoL. Thurstone's law of comparative judgement was used to calculate item preference weights. These were compared with item severity weights derived via application of the Rasch model to RGHQoL responses.

RESULTS: Item ordering of severity was: B-E-D-C-A-F (paired comparisons), B-C-D-E-A-F (ranking) and F-A-D-C-E-B (Rasch severity). The paired comparisons and ranking exercises resulted in different ordering of some items, even though the methods are considered direct alternatives for eliciting preference information. The Rasch severity and preference weights provided very different orderings. For example, the most severe item according to patients' responses to the RGHQoL was judged the least severe in the paired comparison and ranking situations.

CONCLUSIONS: The results suggest that individuals' ratings of what would have the most impact on them are very different from what actually has an impact. RGHQoL responses cannot be used directly in place of preference elicitation.

PIN24

THE DEVELOPMENT AND VALIDATION OF THE INFLUENZA DAILY DISRUPTION QUESTIONNAIRE (IDDQ)

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OBJECTIVES: This paper reports on the development of and psychometric validation of the Influenza Daily Disruption Questionnaire (IDDQ), a short new instrument