older (adults). The mean length of stay was 10 days for all cases with a mean cost per stay estimated at €3259. Costs increased to €3816 for those <1 year based on a mean LOS of 11.5 days. On average, those in the 6–15 year age group had the lowest LOS and cost per stay (6.5 days; €2157) and adults had the highest (11.9 days; €3965). CONCLUSIONS: While most pertussis cases can be managed in an outpatient setting, the need for hospitalization does occur across all age groups in Germany. When hospitalization is required, a considerable expense is incurred. Thus, the cost of hospitalization should be factored into any economic analysis or decision-making process examining the benefits of vaccination to prevent the occurrence of this infectious disease.

**PIN29**

**REDUCING INFLUENZA SYMPTOMS BY 1.5 DAYS A PROSPECTIVE RANDOMIZED TRIAL USING THE CONTINGENT VALUATION METHOD TO ELICIT PREFERENCES FOR NEURAMINIDASE INHIBITORS**

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Introduction: Influenza (IZ) is a highly contagious acute respiratory disease with self-limiting duration, representing serious health risks for the elderly and those with chronic diseases. Vaccination is effective, but the most vulnerable population remains at risk of IZ. New, drugs entered the market, able to reduce IZ symptoms by 1.5 °V2 days when taken within 48 h of symptom onset. We investigated the WTP for these drugs under the constraint of information and prescription. METHOD: Population: Health professionals, patients with chronic diseases and young healthy adults. Willingness to pay (WTP) was asked through closed ended questions, using a payment card system with increasing and decreasing bidding ranges. Questionnaires contained 3 scenarios including 2 levels of information and were randomly allocated. 1st scenario informed about IZ and asked WTP for no IZ risk, the 2nd WTP for the drugs, under time and office visit constraint, 3rd scenario addressed WTP for drugs if obtainable over the counter (OTC). RESULTS: We obtained 1594 answers, 59% female 41% male, evenly distributed for information, starting point and insurance. For scenario 2, 36% were unwilling to give anything, while only 22% answered nothing with the option of having the drug OTC, 41% were even willing to give more than 80CHF. WTP decreased significantly with age. Insurance had no influence on WTP and health professionals had a significantly lower WTP than others. Bidding ranges had no influence, neither did the level of information. Participants who had been vaccinated against influenza last year were willing to give more. CONCLUSION: We completed successfully the first large randomized WTP study in Health Care. Respondents valued independent decision-making, favouring the 3rd scenario. Preferences of participants were much lower than the drugs market price (CHF 80). Further large WTP studies need to be undertaken to confirm the WTP approach in Health Care.

**PIN30**

**COSTS OF PULMONARY TUBERCULOSIS IN UKRAINE**

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OBJECTIVES: The aim of study to assess the costs and cost distribution of pulmonary tuberculosis in Ukraine from the perspective of public health care in Ukraine. METHODS: The direct medical costs, doctor consultations, laboratory and diagnostic tests, and hospitalizations were identified and calculated. Indirect costs due to lost productivity were also included. RESULTS: The data collected from 8867 patients in West regional pulmonary centre (sity Lviv) for 2000–2002 were analysed. The average cost per pulmonary tuberculosis patient per year was calculated at 835 UAH (€Euro = 6.1 UAH). The distribution of total costs is as follows: pharmacological treatment (42.5%), laboratory and diagnostic tests (8.2%), doctors’ consultation (10.5%), hospitalization (26.4%) and productivity loss (12.4%). Indirect costs of pulmonary tuberculosis in Ukraine were much lower, because a social structure of patients on Ukraine has allowed to detect, that persons who were come back from places of an inference—10–20%, the alcogolics—20–50%, the immigrants—5–10%, persons not having of normal housing conditions and living in hostels—10–15%. Theoretically the total burden of pulmonary tuberculosis on society per year amounts 28.1 million UAH (€4.6 million). CONCLUSIONS: Pulmonary tuberculosis represents an important economic burden for the Ukrainian population. An optimal allocation of expenditure for pharmacological treatment and hospitalization may contribute to a significant reduction of the total cost of pulmonary tuberculosis in Ukraine.

**PIN31**

**COST-EFFECTIVENESS ANALYSIS OF ONCE-DAILY MODIFIED RELEASE CLARITHROMYCIN VERSUS CONVENTIONAL TWICE-DAILY GENERIC CLARITHROMYCIN FOR THE TREATMENT OF RESPIRATORY TRACT INFECTIONS**

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OBJECTIVES: Although efficacy of alternative antibiotic dosing regimes may be the same, compliance may vary thus affecting treatment effectiveness. The objective of this study was to assess the efficiency of once-daily clarithromycin (CL OD) versus conventional twice-daily generic clarithromycin (CL BD), in patients with tonsil-