varicella vaccination for high-risk individuals or have no recommendations. The
annually the number of cases in EE ranged from 4,000 to 10,000. In 2009, 100,000 in Poland. Hospitalization rates associated with varicella ranged from 1
per 1,000 cases in Estonia to 30 per 1,000 cases in Latvia. Frequent complications
among hospitalized patients included respiratory, skin, hematologic, and neurologic complications. The cases ranged from 1 case in Estonia to 13
in Slovenia. Varicella incidence peaked in winter in Poland and Slovenia. No data
on direct and indirect costs of varicella in EE was available. Overall, Poland and
Slovenia had the most data on burden of varicella while limited data existed for
the remaining countries.

CONCLUSIONS: Epidemiologic and economic burden of varicella in EE have not been extensively studied. Given limited varicella vaccination
policy in this region, gaps in evidence need to be addressed to inform policy makers
about the public health impact on varicella.

PIN17
PREVALENCE OF HYDRODISTRIBUTED DISEASE IN SURGICALLY OPERATED PATIENT IN SOME LIBYAN GENERAL HOSPITAL
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OBJECTIVES: Determine the prevalence of HD in cases referred to surgical wards in four hospitals in east part of Libya during period from 2004 to 2009. METHODS: Data was collected from four hospitals; Tripoli medical centre, central Hospital, Alwza hospital and Gharrian general hospital. Hospital data of patients diagnosed as HD were collected from surgical departments. RESULTS: Out of 94,142 files were reviewed from four Hospitals there were 4010(4.22%) confirmed cases of Hyaliditis disease. Among these medical records there were 233(58.1%) from Tripoli Medical Centre, 1444(35.5%) from Centre Tripoli Hospital, 164(4%) from Al Zawyah Hospital and 82(2%) from Gharyan Hospital. The gender distributions were 41.4% males and 58.6% females. Young adult ages between 15-30 were most commonly infected (35%). Liver abscesses were the most common site of infection (81.1% and 13.5% of cases respectively) Spleen was (2.0%). Cysts were found in sites like Pancreas, Ovary and kidney were (3.4 %) CONCLUSIONS: Hyaliditis disease is a Health problem affecting young adult ages, the mean age of the patients was (20-40 years) and most common in women. Further studies are required to find the etiologic factors of HD in different areas in Libya.

PIN14
PREDICTOR FACTORS FOR THE PRESENCE OF POST HERPETIC NEURALGIA AT 3 MONTHS IN HERPES ZOSTER PATIENTS AGED 50 AND OVER IN ITALY: RESULTS FROM A GP-BASED OBSERVATIONAL PROSPECTIVE MULTICENTER STUDY Bricout H1*, heavenst E1, Marchetti M1, Pagani M1, Zotti C1, Gabutti G1, Volpi A1, Franco E1
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OBJECTIVES: To identify predictors for the presence of Post Herpetic Neuralgia (PHN) at 3 months in Herpes Zoster (HZ) patients aged 50 and over in Italy. METHODS: General Practitioners (GPs) from regions throughout Italy included immunocompetent patients older than 18 years of age with HZ and followed them for 3 months. RESULTS: From March 2009 to July 2010, 108 GPs included 413 patients (148 Males and 265 Females) with HZ aged 67.9 y± 10.7 years. Most of them (89.6%) had pain at V0 (VAS score 5.8/10) and 91.5% received systemic antivirals, 70% within 72 hours after rash onset. During the follow-up, 52 patients consulted at least one specialist (dermatologist, neurologist, ophthalmologist). and no cases were hospitalized. At 3 month, 26.6% presented PHN (VAS score: 3.7/10), and still 2.9% at 6 months (VAS score: 3.7/10). By logistic regression analysis a VAS score over 3, the presence of more than 50 vesicles and the gender male were the main predictive factors at the initial visit that were significantly associated with the presence of PHN at 3 months. CONCLUSIONS: Even if most of patients with HZ received the standard of care, many expected intense and long-lasting pain. This study identified specific factors at presentation that could help identify patients who will develop PHN.

PIN15
RISK FACTORS INFLUENCING THE VIRAL TRANSMISSION AND THE POTENTIAL DEVELOPMENT OF DRUG-INDUCED PATHOLOGY ON TREATMENT WITH ELVITEGRAVIR-Cobicistat/FTC/INSTINCT (CTEC/EMTRICITABINE/TENOFIVIR) COMBINED VACCINE FOR CHILDREN FROM 0 TO 20 MONTHS TO CARRY OUT AN EXPERIMENTAL DEVELOPMENT OF A TIME-SENSITIVE HYPOTHESIS IN THE PRINTOUT MEDICAL DISEASES USING AN ASSAY WITH HIGH-SPEED IMMUNOCHLOROGENIC HEPATITIS B VACCINATION (EVG/COBI/FTC/TDF) FOR THE TREATMENT OF HIV INFECTION are associated with

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OBJECTIVES: To ascertain the epidemiological factors associated with Acinetobacter infections and the resistance pattern of this organism. METHODS: A cross sectional, observational, retrospective study was carried out over a period of 6 months in a tertiary care centre in Mangalore, India (October 2012 to Mar 2013). The data collected was analyzed to understand the pattern with respect to patient demographics, prescription patterns, comorbidities as risk factors to infection, and resistance patterns. RESULTS: Based on the current study it was observed that surgery was not a risk factor for Acinetobacter infections. Male patients had a greater risk of A. baumannii infections. Age distribution of infections was mainly in 60-61 years and 61-80 years. The bacteria were found to be resistant to almost all categories of drugs except colistin, and tigecycline. The mean length of stay of a patient of A. baumannii infection was found to be 23.5±27.97 days. Tigecycline and cefixime were the most prescribed antibiotics. This study is required to investigate the pattern with respect to patient demographics, prescription patterns, comorbidities as risk factors, resistance patterns, and the most prominently used antibiotic. The strain in this study was resistant to almost all cephalosporins except Cefoprapezine-Sulbactam which had activity in 57.14% of the samples tested.

INFECCTION – Cost Studies

PIN17
BUDGET IMPACT ANALYSIS OF SWITCHING FROM DPT AND MONOVALENT VACCINES TO DTaP-IPV-Hib COMBINED VACCINE IN RUSSIAN IMMUNIZATION SCHEDULE Kulikov A1, Akimova Y.I.2,3, Mallayasamy S.R. 4, 5
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OBJECTIVES: Methods: Cost of DPT vaccines for children from 0 to 20 months is carried mainly by DPT and monovalent vaccines. In addition, vaccination against Hib infection so far is only available for children at risk (approaching a median of 2-3 years old). Introducing a combined vaccine could reduce the number of injections received by the child and increase coverage against Hib infection from 20% to 97%. The objective of this evaluation is to calculate the incremental of switching from current monovalent vaccines and DTP-based routine immunizations. METHODS: The budget impact analysis of switching to the different schemes DTaP-IPV-Hib through a different schemes. METHODS: A budget impact analysis of the switching to the different schemes DTaP-IPV-Hib vaccine is performed on the suggested Markov model. The three alternatives (against current immunization program) are compared: a 3+DTaP-IPV-Hib immunization (Scheme 1), a mixed DTP// D/DTaP-IPV-Hib immunization (Scheme mix) and a potential scenario - the current scheme, but with expanded (97%) Hib coverage- Scheme 1.Ther credits of infants born in 2011 is year following their lifetime. Direct and indirect medical costs are measured from the perspective of the public payer. For reference, accepted exchange rate is 1€ = 41 rub. RESULTS: The budget impact analysis has shown that the switching from the current vaccination schedule for one of the alternative require additional funds in the amount of 705 101 317 rubl. (17197593 1€ for Scheme mix, 708 100 310 rubl (17270739€ for Scheme 1 and 1818409 406€ (4551469 1€ for Scheme 1). CONCLUSIONS: According to the budget impact analysis, the lowest additional cost of introduction one of alternative scheme would require Scheme mix. Thus, this scheme will be preferred for the Russian health care system.

PIN18
BUDGET IMPACT OF THE INTRODUCTION OF ELVITEGRAVIR/Cobicistat/FTC/INSTINCT (CTEC/EMTRICITABINE/TENOFIVIR) ANTIRETROVIRAL REGIMEN FOR HIV TREATMENT, TO THIRD PARTY PAYERS IN THE UNITED STATES Brogan A1, Talibud SE1, Thompson JW2, Kim J1,1, Olson J3, Peterson J4, Pionkowsky D5, Petrin A1,1
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OBJECTIVES: Single tablet regimens like elvitegravir/cobicistat/emtricitabine/teno-