

analytical sample contained 26,349 admissions: 762 stays involved mechanical ventilation, 9495 had ICU time, and 16,092 had neither. Hospital mortality rates were 27.7%, 23.8% and 7.6% for these three groups, respectively. Median cost per stay was substantially higher for those with ventilation (\$39,493) versus those with ICU time but no ventilation (\$25,798) and those with neither (\$7261). Average length of stay in the ICU was 14 days and 9 days for those with and without ventilation, respectively. Average anti-infective drug costs were 1.79 times higher in the ventilator group compared with the ICU group. **CONCLUSION:** VAP is an area of high unmet need. Among these 1500 hospitals, 2003 costs for those with mechanical ventilation were 1.5 times higher than a group of NP cases that were fairly complex, as indicated by some receipt of intensive care services.

PIN12**LIFETIME MEDICAL COST OF CHRONIC HEPATITIS B**

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OBJECTIVE: To estimate lifetime medical cost of chronic hepatitis B in the United States from the societal perspective. **METHODS:** A hypothetical 35-year old cohort of 100,000 individuals with chronic hepatitis B was tracked in a Markov model of the natural history of disease. The model assumed standard clinical care for disease complications, but did not include antiviral treatment. Disease outcomes modeled included cirrhosis, hepatocellular carcinoma, liver transplantation and death. Annual transition parameters were estimated from long-term disease progression data in the literature. Outcome specific cost data were derived from published studies and the MarketScan® database. Expected lifetime medical cost was determined as the sum of weighted average medical cost of health outcomes over the cohort lifetime discounted at 3% annual rate and adjusted to 2005 U.S. dollars. Impact of variations in model parameters was assessed in one-way sensitivity analyses. **RESULTS:** The expected per patient lifetime medical cost of chronic hepatitis B for the 35-year old cohort was \$34,760 (range in sensitivity analyses: \$9367–\$59,298). About 73% of the cost was for cirrhosis, 10% for hepatocellular carcinoma and 11% for liver transplantation. The cost varied with the initial age at infection of the cohort: for a cohort aged 25 years at infection, the cost was 11% more than the cost for the 35-year olds, and for a 45-year old cohort, the cost was 16% less than the cost for the 35-year olds. The cost estimate was most sensitive to the annual rate of developing compensated cirrhosis. **CONCLUSIONS:** Life-time medical cost of a chronic hepatitis B patient is substantial. Identification of the disease at early stage for antiviral treatment could reduce the likelihood of developing end-stage liver diseases and avert higher costs.

PIN13**COST OF THERAPY OF UPPER RESPIRATORY TRACT INFECTIONS IN A DEPRESSED ECONOMY**

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OBJECTIVE: To evaluate the economic implications of upper respiratory tract infection to the Nigerian society. **METHODS:** It involves Cost of Illness analysis among upper respiratory tract infection Out-Patients in Lagos University Teaching Hospital. Data collected from 182 case notes include; demographics, diagnosis, diagnostic tests, no of visits, and prescribed drugs. Direct and indirect costs were included. The costs include, personnel, diagnostic tests, transport and antibacterial cost. The hospital

cost of drugs and tests were used. Stop-watch time studies and monthly earnings were used to calculate the personnel costs. Average time spent at each visit and expected earnings were used to calculate the indirect costs. The current hospital costs were used for all calculations hence neither discounting nor inflation was considered. **RESULTS:** Total cost of drugs = N358,790.00 (\$2462.80); Average = N1971.40 (\$14.10) Personnel cost = N49,156.40 (\$351.12); Average = N270.00 (\$1.93) Diagnostic Test cost = N9100.00 (\$65.00); Average = N50.00 (\$0.36) Transport cost = N36,930.00 (\$263.80); Average = N202.91 (\$1.45) Indirect cost = N103,350.00 (\$738.21) Average = N567.86 (\$4.06) Cost of illness = N557,326.40 (\$3981.10) Average = N3062.23 (\$21.87). Cost of drugs for each disease condition Acute Otitis media (n = 45 = N24, 526.00 (\$175.20); Average = N545.02 (\$3.90). Chronic Suppurative Otitis media (n = 37) = N42,982.00 (\$307.01); Average = N1161.68 (\$8.30) onchopneumonia (n = 70) = N257, 299.00 (\$1837.85); Average = N3675.41 (\$26.25) Tonsillitis (n = 12) = N14, 923.00 (\$106.60); Average = N1243.58 (\$8.90). Other) = N19060.00 (\$136.14); Average = N1058.94 (\$7.56). Prevalence of Otitis media in Nigeria = 29.0% in children below 5 years. = 7,772,000 cases (7.7million cases) Average cost of Otitis media = N823.27 (\$5.88) Cost of drugs for 7.7 million cases of otitis media alone = N6, 398,454,440.00 (Over N6.3 billion) (>\$450million). **CONCLUSION:** Cost of therapy associated with URTI is enormous. This high cost might be partly due to the use of antibiotics in most cases of URTI, a good proportion of which are viral. The use of treatment guidelines is necessary to ensure a wise use of the limited resources.

PIN14**DIRECT MEDICAL COSTS OF PATIENTS WITH HIV/AIDS IN MEXICO**

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OBJECTIVES: To estimate direct medical costs associated to adult patients with HIV/AIDS in second and third level hospitals in the Social Security Mexican Institute. **METHODS:** Partial economic evaluation was performed employing a one-year survey to identify patients with HIV/AIDS resource use. The study revised hospital records in 8 second level hospitals and 2 third level hospitals in Mexico City throughout 2003. Resource use estimates include outpatient and inpatients services (visits to physicians or specialists, laboratory and gabinet exams, medications, emergency services, hospitalization, etc.). The research estimates total direct medical costs and average costs per patient per year. The analysis was conducted from the healthcare payer's perspective. All costs were expressed in 2005 US\$. **RESULTS:** A total of 1969 adult patients with HIV/AIDS were recruited with an average age of 39 ± 10 years; 86.4% were male. The evolution average time with HIV was of 6 ± 3 years. 29% of patients were in clinical stage A; 26% in clinical stage B and 45% in clinical stage C. The total direct medical cost of these patients on a 1-year follow up was US\$1,107,952,58. Eighty-eight percent of this amount corresponds to antiretroviral drugs, 10% to physician's or specialists visits and 2% to non-antiretroviral drugs and laboratory exams. A total of 9.6% of the sample required inpatient services with a mean cost per patient of US\$ 3103.2. Outpatient services had an annual mean cost per patient of US\$ 5665.1 and the annual expected cost per patient in the Social Security Mexican Institute was estimated in US\$ 5964.6. **CONCLUSIONS:** Economic consequences of HIV/AIDS patients are substantial for the Mexican Health Budget, especially due to antiretroviral drugs.