ated with a significant humanitarian and economic burden. These results suggest that the manifestation of the HCV burden, and the profile of the patients themselves, is strongly influenced by country. Successful disease management should be cognizant of region-specific unmet needs.

PIN48
SEX AND SEX COMMUNICATION EXPERIENCES OF FEMALE ADOLESCENT STUDENTS IN TWO SECOND CYCLE INSTITUTIONS IN BEKWAI MUNICIPALITY, GHANA

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OBJECTIVES: To describe the sex and sex communication experiences of females in second cycle institutions. METHODS: A cross-sectional study involving the use of structured questionnaire and interview guide was conducted with female students in two selected secondary-level institutions in Bekwai, Ghana. Data was collected from 391 female students who were sexually aware between the ages of 13 years or less in 2011. Data was analysed into descriptive statistics with statistical software for the selection of PRO measures.

Among the existing questionnaires, five were selected: Neuropathic Pain Diagnostic Questionnaire (DN4), Neuropathic Pain Symptom Inventory (NPSI) designed to measure the quality and severity of neuropathic pain, Zoster Brief Pain Inventory (ZBPI) to measure the impact of pain in patients who suffer from HZ or PHN, the Hospital Anxiety and Depression Scale (HADS). All measures were available in French and the overall length of the interview was acceptable. The ZBPI, scores have shown impact on general activity and sleep. The mean scores of Depression and Anxiety were significantly higher in patients with PHN. The physical and mental component summaries of the SF-12 were lower in patient with persistent PHN than the patients without PHN. CONCLUSIONS: Using PRO measures in observational studies is well established by the scientific community. However, a rigorous methodology for the selection of PRO measure is mandatory to ensure medical relevance and fulfillment of protocol requirements.

PIN51
RESPONSIVENESS OF THE MOS-HIV AND EQ-SD IN HIV-INFECTED ADULTS RECEIVING ANTIRETROVIRAL THERAPIES

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OBJECTIVES: Selection of an appropriate patient-reported outcome (PRO) instrument for clinical trials requires a clear understanding of the instrument’s sensitivity to an intervention’s anticipated impact. The purpose of this study was to examine the responsiveness of 2 health-related quality of life (HRQoL) instruments among HIV-infected adults: the disease-specific Medical Outcomes Study HIV Health Survey (MOS-HIV), and the EuroQoL 5 Dimension (EQ-5D). A targeted literature search identified clinical trials administering the MOS-HIV and EQ-5D and evaluating HIV-infected adults from 2005-2010, or earlier when fewer than 5 studies were identified. Key data abstracted from each study included study type, treatment effect, PRO results, and SF-12 effect size. Mean effect size was calculated as the difference between baseline and follow-up mean scores divided by the baseline standard deviation and was interpreted as small (d=0.20), medium (d=0.50), and large (d=0.80) [Cohen 1988]. RESULTS: In the past 5 years, the MOS-HIV was administered in 12 trials. Significant differences were observed between groups and over time in physical health summary (PHS) and mental health summary (MHS) scores (p<0.05) in subjects switching therapy after experiencing adverse events (grade 2 or higher). Effect sizes were medium (0.55 and 0.49 for PHS and MHS, respectively) among treatment-naive adults beginning therapy (n=2 studies), but negligible among treatment-experienced adults (0.04 and 0.13 for PHS and MHS, respectively; n=3 studies). The EQ-5D was administered in 5 trials during the past 10 years. The EQ-5D was responsive to occurrences of adverse events (n=2 studies), opportunistic infections (n=1 study), and demonstrated small-to-medium effect sizes (range 0.30-0.50) in treatment-experienced patients (n=1 study). CONCLUSIONS: In-depth review of PRO study results showed that both the MOS-HIV and EQ-5D were responsive to changes in HIV-infected patients. These instruments may be used either individually or together in clinical trials to document changes in HRQoL.

PIN52
COST-EFFECTIVENESS ANALYSIS OF HEPATITIS B CONTROL PROGRAM: OPTIMAL STRATEGY FOR DIFFERENT PREVALENCE RATES

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OBJECTIVES: Universal vaccination against Hepatitis B virus (HBV) is effective to control HBV infection. Hepatitis B immunoglobulin (HBIG) given to neonates helps further reduce HBV transmission. The objectives are 1) to compare the cost-effectiveness of four strategies for HBV screening and HBIG treatment in settings with a universal vaccination policy, and 2) to identify cost-effective HBIG strategies for different HBV prevalence rates. METHODS: We used Taiwan as an example and developed a decision analysis model to estimate the clinical and economic outcomes of HBV infection for a hypothetical cohort of 100,000 newborns. The four strategies were 1) Strategy V: vaccination only for all neonates, no screening or HBIG treatment; 2) Strategy S: maternal screening HBsAg, HBIG given for neonates born to HBsAg-positive mothers; 3) Strategy E: maternal screening HBsAg, HBIG given for neonates born to HBsAg-positive mothers; and 4) Strategy S&E: maternal screening HBsAg and HBIG given for neonates born to HBsAg-positive carrier mothers. RESULTS: In Taiwan, if willing-to-pay (WTP) over $3000 to avert a case of HBV infection, Strategy S&E would provide the best health outcome. For WTP between $1500-3000, Strategy E would be preferred at HBV prevalence > 14%, followed by Strategy S&E at prevalence 5-13%, and finally Strategy S at prevalence < 5%. For WTP less than $1500, Strategy V would be optimal. CONCLUSIONS: The optimal strategy is a function of the HIV prevalence and socio-economic status; guidelines gradually following the launch of immunization. This study provides a roadmap for considering alternative approaches to targeting HBIG treatment after the introduction of HBV vaccine.

INFECTION – Health Care Use & Policy Studies

PIN54
ACCESS TO MEDICATION FOR UNINSURED INDIVIDUALS LIVING WITH HIV/AIDS IN THE UNITED STATES

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